REDACTED DOCUMENTS RELATED TO DOCKET 7351

7351 - Defendants' Motion and Memorandum in Support of Motion for Partial Summary Judgment of Plaintiffs Doris and Alfred Jones's Claims - Filed Redacted

7352 - Defendants' Separate Statement of Facts in Support of Motion for Partial Summary Judgment of Plaintiffs Doris and Alfred Jones's Claims - Filed Redacted

Exhibit A - Filed Redacted

Exhibit B - Filed Redacted

Exhibit D - Filed Redacted

Exhibit E - Filed Redacted

REDACTED DOCUMENTS RELATED TO DOCKET 7351

7351 - Defendants' Motion and Memorandum in Support of Motion for Partial Summary Judgment of Plaintiffs Doris and Alfred Jones's Claims - Filed Redacted

	1 2	James R. Condo (#005867) Amanda C. Sheridan (#027360) SNELL & WILMER L.L.P.	
	3	One Arizona Center 400 E. Van Buren, Suite 1900	
	4	Phoenix, AZ 85004-2204 Telephone: (602) 382-6000	
	5	jcondo@swlaw.com asheridan@swlaw.com	
	6	Richard B. North, Jr. (admitted <i>pro hac vice</i>)	
	7	Georgia Bar No. 545599 Matthew B. Lerner (admitted <i>pro hac vice</i>)	
	8	Georgia Bar No. 446986 Nelson Mullins Riley & Scarborough L.	I D
	9	Atlantic Station 201 17th Street, NW, Suite 1700	ы
	10	Atlanta, GA 30363 Telephone: (404) 322-6000	
	11	richard.north@nelsonmullins.com matthew.lerner@nelsonmullins.com	
	12	Attorneys for Defendants	
	13	C. R. Bard, Inc. and Bard Peripheral Vascular, Inc.	
000	14		
.404) 322-6000	15	IN THE UNITED STAT	
(40		FOR THE DISTRI	CT OF ARIZONA
	16 17	IN RE: Bard IVC Filters Products Liability Litigation,	No. 2:15-MD-02641-DGC
			DEFENDANTS' MOTION AND MEMORANDUM IN SUPPORT OF
	18		MOTION FOR PARTIAL SUMMARY JUDGMENT OF
	19		PLAINTIFFS DORIS AND ALFRED JONES'S CLAIMS
	20 21		
	22	DORIS JONES and ALFRED JONES, a	(Assigned to the Honorable David G. Campbell)
	23	married couple,	1 /
	24	Plaintiffs,	(Oral Argument Requested)
		v.	
	25	C. R. BARD, INC., a New Jersey	
	26	corporation and BARD PERIPHERAL VASCULAR, INC., an Arizona	
	27	corporation,	
	28	Defendants.	

MOTION

Pursuant to Fed. R. Civ. P. 56(c), Local Rule 56.1, and Case Management Order No. 23 (Doc. 5770), Defendants C. R. Bard, Inc. and Bard Peripheral Vascular, Inc. (collectively "Bard") respectfully move this Court for partial summary judgment as to certain of Plaintiff Doris Jones's product liability claims (Counts II, VII, VIII, IX, XII) and her claim for punitive damages as alleged in Plaintiff's Short Form Complaint (2:16-cv-00782-DGC, Doc. 1). Plaintiffs have withdrawn claims for manufacturing defect (Counts I and V), Negligent Failure to Recall/Retrofit (Count VI), Breach of Express Warranty (Count X), and Breach of Implied Warranty (Count XI). For the reasons stated below, Bard is entitled to judgment as a matter of law as to certain other claims asserted by the plaintiff.

This motion is supported by Defendants' Memorandum of Points and Authorities and Separate Statement of Facts ("SSOF") which are filed herewith.

MEMORANDUM OF POINTS AND AUTHORITIES

I. Introduction.

Plaintiff Doris Jones brings this product liability action for damages she claims to have suffered as a result of complications allegedly experienced related to a Bard Eclipse® inferior vena cava filter, a prescription medical device that was placed in her inferior vena cava ("IVC") after she suffered from recurrent deep vein thrombosis ("DVT"), and before undergoing surgery for afferent loop syndrome, to help prevent a potentially life-threatening pulmonary embolism.

(the "Filter"). Plaintiff claims that the

Filter was defective because,

Notably, fracture is a well-known and accepted potential complication with all IVC filters (including with the Filter), given the life-saving nature of these devices. Indeed, Ms. Jones's implanting physician testified that he was well-aware of these potential complications before placing the Filter, and did not recall ever reading the Filter's Instructions for Use ("IFU") because he was already familiar with the risks.

13

14

15

16

17

1

2

3

18 19

20

21

22 23

24 25

26

28

27

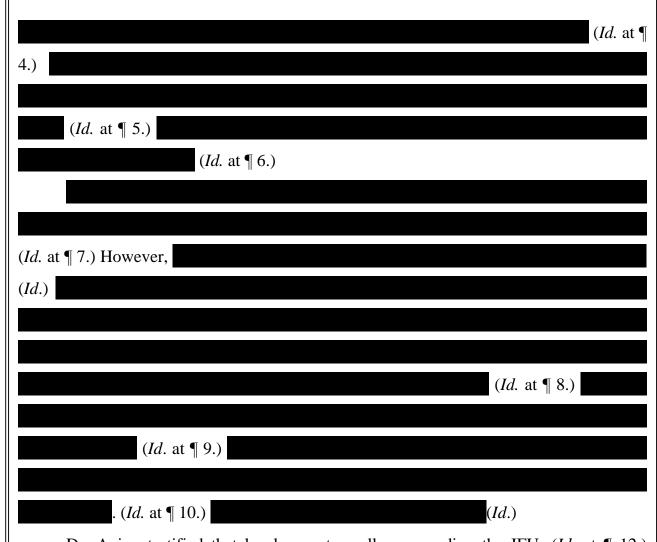
Bard moves for partial summary judgment under Federal Rule of Civil Procedure 56 on the following grounds:¹

- A. Plaintiff's failure-to-warn (Counts II, VII) and misrepresentation (Counts VIII, XII) claims fail because Plaintiff has failed to provide any evidence that the implanting physician ever read the Eclipse IFU. Furthermore, Bard provided adequate warnings of the complications experienced by Plaintiff and any alleged failure to warn by Bard was not the proximate cause of Plaintiff's injuries.
- B. Plaintiff's consumer fraud claim (Count XIV) fails because Plaintiff has not provided any evidence that that the implanting physician received any misrepresentation or relied on any misrepresentation.
- C. Plaintiff's negligence per se claim (Count IX) fails because Plaintiff has not provided any evidence that Bard violated a state safety statute and any alleged violation of the FDCA would be preempted by federal law.
- D. Plaintiff's punitive damages claim fails because there is no evidence that such are warranted.

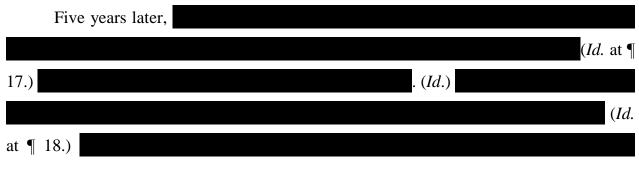
II. **Statement of Undisputed Facts.**

Pla	aintiff						
	(SSOF ¶	1.) The Filt	ter is sold	to medical	facilities, r	not directly	to doctors or
patients.	(Id. at \P 2.)						
							(Id. at \P 3.)
						(<i>Id</i> .)	

¹ Bard met and conferred extensively with counsel for Ms. Jones prior to filing this motion. Counsel represented that they were going to continue pursuing all of the claims addressed in this motion.



Dr. Avino testified that he does not recall ever reading the IFU. (*Id.* at ¶ 12.) However, he explained that he was generally familiar with IVC filter IFUs, the risks inherent with all IVC filters such as fracture, migration, perforation, and tilt, and began implanting IVC filters during his residency, 20 years before he implanted Ms. Jones' filter. (*Id.* at ¶ 13.) Although there is no evidence that Dr. Avino read the IFU, which was reviewed by the FDA as a part of the clearance process, it specifically identifies fracture and embolization as known risks of the Filter. (*Id.* at ¶ 14.)



III. Summary Judgment Standard.

Summary judgment is appropriate upon showing that "there is no genuine issue as to any material fact and that the moving party is entitled to judgment as a matter of law." Fed. R. Civ. P. 56(c); *see Jesinger v. Nev. Fed. Credit Union*, 24 F.3d 1127, 1130 (9th Cir. 1994). Where the moving party will have the burden of proof at trial, it must affirmatively demonstrate that no reasonable trier of fact could find other than for the moving party. *Southern Calif. Gas. Co. v. City of Santa Ana*, 336 F.3d 885, 888 (9th Cir. 2003).

IV. Georgia Substantive Law Applies.

Georgia substantive law governs Plaintiff's common-law claims. Although Plaintiff filed her complaint directly in the MDL, she identified Georgia in her Short Form Complaint as the forum in which venue would be proper absent direct filing, (2:16-cv-00782-DGC, Doc. 1), so Georgia's conflict-of-law rules apply. (See Doc. 1485). Georgia follows the *lex loci delicti* doctrine, which applies the substantive law of the place of injury. See Coon v. Med. Ctr., Inc., 300 Ga. 722, 730, 797 S.E.2d 828, 834 (2017). The place of injury here is Georgia because "at least a substantial amount, if not all, of the injuries allegedly caused by the [filter's] alleged defects occurred in Georgia. Therefore, because 'the last event . . . necessary to make [Defendants] liable for the alleged tort[s]' likely occurred in Georgia, the Court applies Georgia law." See Schmidt v. C. R. Bard, Inc., No. 6:14-CV-62, 2014 WL 5149175, at *2 (S.D. Ga. Oct. 14, 2014) (applying Georgia substantive law under lex loci delicti despite plaintiff being implanted with medical device in Michigan).

//

//

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

- Plaintiff's Failure-to-Warn (Counts II, VI) and Misrepresentation Α. (Counts VIII, XII) Claims Fail Because There Is No Evidence Dr. Avino Read the IFU, and Bard Provided Adequate Warnings and/or Any Alleged Failure to Warn Could Not Be the Proximate Cause of Plaintiff's Injuries.
 - 1. Plaintiff Has Failed to Provide Any Evidence That Dr. Avino Read the IFU.

Plaintiff's failure-to-warn and misrepresentation claims fail² because Ms. Jones's implanting physician, Dr. Avino, did not read the IFU. It is well settled under Georgia law that "[u]nder the learned intermediary doctrine, the manufacturer of a prescription drug or medical device does not have a duty to warn the patient of the dangers involved with the product, but instead has a duty to warn the patient's doctor, who acts as a learned intermediary between the patient and the manufacturer. The rationale for the doctrine is that the treating physician is in a better position to warn the patient than the manufacturer, in that the decision to employ prescription medication [or medical devices] involves professional assessment of medical risks in light of the physician's knowledge of a patient's particular need and susceptibilities." McCombs v. Synthes, 277 Ga. 252, 253, 587 S.E.2d 594 (2003) (internal citations omitted); see also, Ellis v. C.R. Bard, Inc., 311 F.3d 1272, 1277–81, 1281 (11th Cir. 2002) (per curiam).

"[F]ailure to read instructions or printed warnings will prevent a plaintiff from recovering on a claim grounded on failure to provide adequate warning of the product's potential risk." Wilson Foods Corp. v. Turner, 218 Ga. App. 74, 75, 460 S.E.2d 532, 534 (1995). Here, Plaintiff cannot prove that any warning inadequacy was the proximate cause of her injuries because she cannot prove that Dr. Avino ever read the IFU:

Q. Do you know if you ever read the IFU for the Eclipse IVC filter?

Supp. 2d 1351, 1357 (N.D. Ga. 2008).

² Under Georgia law, there are "no misrepresentation claims for products liability distinct from failure to warn claims." Brazil v. Janssen Research & Dev. LLC, No. 4:15-CV-0204-HLM, 2016 WL 4844442, at *11 (N.D. Ga. Mar. 24, 2016). Accordingly, Plaintiff's negligent and fraudulent misrepresentation claims (Counts VIII, XII) "collapse into the failure to warn claims," and fail for the same reasons. Swicegood v. Pliva, Inc., 543 F.

A. Not that I recall.

(SSOF, ¶ 12.) As a result, Plaintiff's failure to warn claim should be dismissed. *See In re Wright Med. Tech. Inc., Conserve Hip Implant Prod. Liab. Litig.*, 127 F. Supp. 3d 1306, 1360 (N.D. Ga. 2015) ("[The implanting physician] does not recall reading a product insert, and its warnings, that accompanied any hip replacement device he has implanted. As a result of his personal practices, the undisputed evidence is that [the implanting physician] did not and would not have read the insert warnings that were provided with the device implanted to replace Plaintiff's right hip. As a result, the evidence here does not support a failure to warn claim based on the warning provided for the implant at issue in this case, even if the warning was defective.") (applying Utah law but citing various jurisdictions in which a prescribing physician's failure to read the product warning broke the chain of causation) (citations omitted).

Moreover, Plaintiff's failure to warn claim lacks proximate causation for a second, independent reason: Dr. Avino had actual knowledge of the risk of fracture. Instead of reading the Eclipse IFU, Dr. Avino was "generally familiar with IVC filter IFUs, if they warn of things like fractures, migration, perforation, tilt; complications like that," and began implanting IVC filters during his residency, 20 years before he implanted Ms. Jones' filter. (SSOF, ¶ 13.) *See Wheat v. Sofamor, S.N.C.*, 46 F. Supp. 2d 1351, 1363 (N.D. Ga. 1999) (concluding that "[r]egardless of the sufficiency or insufficiency of the warnings at issue here, Plaintiff still cannot recover. Where a learned intermediary has actual knowledge of the substance of the alleged warning and would have taken the same course of action even with the information the plaintiff contends should have been provided, courts typically conclude that the learned intermediary doctrine applies or that the causal link is broken and the plaintiff cannot recover."); *Ellis v. C.R. Bard, Inc.*, 311 F.3d 1272, 1277–78, 1281 (11th Cir. 2002) (per curiam) (finding that manufacturer adequately warned doctors and nurses of risks of third-party activation of morphine pump because evidence demonstrated the doctors and nurses all had actual knowledge of risk).

//

2. Even If Dr. Avino Read the IFU, the Warning Was Adequate Because It Warned of the Precise Risk Experienced by Plaintiff.

Under the learned intermediary doctrine, a manufacturer discharges its duty to warn by apprising the prescribing physician of potential dangers that may result from the device's use. *Hawkins*, 147 Ga. App. at 483, 249 S.E.2d at 288; *Ellis v. C.R. Bard, Inc.*, 311 F.3d 1272, 1283 (11th Cir. 2002) ("Ellis also suggests that, even if the learned intermediary rule applies, there was a jury issue regarding the sufficiency of the warnings given by the defendants to the learned intermediaries in this case. We disagree. As the district court noted, defendants presented evidence that, through Bimeco, it warned the physicians and nurses at GBMC that only the patient should press the activation button unless a doctor ordered otherwise."). If the warning provided to the learned intermediary is adequate, the plaintiff cannot recover. *Dietz v. Smithkline Beecham Corp.*, 598 F.3d 812, 816 (11th Cir. 2010).

Here, Bard had a duty to warn Dr. Avino of the risks of its use. Even though Dr. Avino could not recall ever reading the Eclipse IFU, it contains specific warnings regarding the risk of filter fracture,

Under the bolded heading "Warnings," the IFU reads:

• Filter fracture is a known complication of vena cava filters. There have been reports of embolization of vena cava filter fragments resulting in retrieval of the fragment using endovascular and/or surgical techniques. Most cases of filter fracture, however, have been reported without any adverse clinical sequelae.

(SSOF, ¶ 14.) This warning is repeated under the bolded heading "**Potential** Complications", which also adds that:

All of the above complications have been associated with serious adverse events such as medical intervention or death. There have been reports of complications including death, associated with the use of vena cava filters in morbidly obese patients. The risk/benefit ratio of any of these complications should be weighed against the inherent risk/benefit ration for a patient who is at risk of pulmonary embolism without intervention.

(Id. at ¶ 15.) (emphasis in original). Furthermore, the "Clinical Experience" section notes the number of fracture observed during the clinical study of one hundred patients. (Id. at ¶

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

16.). Because the IFU contained warnings regarding the relevant risks of using the Filter, Bard's warnings were adequate. See Ellis v. C.R. Bard, Inc., 311 F.3d 1272, 1283 (11th Cir. 2002); Presto v. Sandoz Pharm. Corp., 226 Ga. App. 547, 548, 487 S.E.2d 70, 73 (1997) ("a warning as to possible danger in [the prescription product's] use to the prescribing physician is sufficient").

Moreover, Bard cannot be liable for failure to warn of the complications with the Filter experienced by Ms. Jones because those complications are well-known by medical professionals. Where a product is sold to a particular group or profession, the manufacturer is not required to warn against risks generally known to such group or profession. Exxon Corporation v. Jones, 209 Ga. App. 373, 375, 433 S.E.2d 350 (1993) (quoting Eyster v. Borg-Warner Corp., 131 Ga. App. 702, 704, 206 S.E.2d 668 (1974)); see Ellis, 311 F.3d at 1277–78, 1281. Accordingly, even had the IFU not provided the necessary warnings, which Bard denies, Bard could not be liable for failure to warn of the complications experienced by Ms. Jones because they were widely known, and welldocumented, by the medical community. (SSOF at ¶¶ 21-23.) Indeed, Plaintiff's expert acknowledges that all IVC filters are known to have complications, including filter fracture, migration, tilt, and perforation and Plaintiff's biomedical engineering expert testified it is impossible to design an IVC filter that never tilts, fractures, migrates, or perforates. (Id.) Because the relevant risks involved in implanting the Filter were welldocumented and well-known to medical professionals, Bard cannot be liable for any failure to warn of those risks. See Ellis, 311 F.3d at 1279-80.

Plaintiff likely will assert that Bard was obligated to warn that the Filter may have been more likely to fail than other IVC filters. However, Bard can find no Georgia law creating a duty on a manufacturer to provide comparative rates of complication for its product to other similar products on the market. Indeed, Georgia law does not require a manufacturer to provide comparative rates of complication for its products. See Hoffman v. AC&S, Inc., 248 Ga. App. 608, 610, 548 S.E.2d 379, 382 (2001) (noting under Georgia law, "a manufacturer has the absolute right" to have his strict liability for injuries

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

27

28

adjudged on the basis of "his own marketed product and not that of someone else."); see also Dixie Grp., Inc. v. Shaw Indus. Grp., Inc., 303 Ga. App. 459, 463, 693 S.E.2d 888, 892 (2010) (same). And, courts from other jurisdictions that have addressed the issue have found that pharmaceutical and medical-device manufacturers have no such duty to warn. See, e.g., Yates v. Ortho-McNeil-Janssen Pharm., Inc., 808 F.3d 281, 291–92 (6th Cir. 2015) (affirming summary judgment on failure to warn claim where the lower court rejected the plaintiff's argument that the product labeling did not warn that the risk of stroke for the birth control at issue was higher than with other birth control products); Ackley v. Wyeth Labs., Inc., 919 F.2d 397, 405 (6th Cir. 1990) ("The manufacturer is obligated to make a reasonable disclosure of all the risks inherent in its own drug.... It is not obligated to provide a comparison of its drug with others").³ Likely for this reason, Bard could find no IVC filter manufacturer that provides comparative rates in the instructions for use that it provides to doctors. See Competitor IFUs (not including any comparative rate information), attached as Exhibit A. Accordingly, summary judgment is

³ See also Smith ex rel. Smith v. Wyeth Labs., Inc., No. CIV.A. 84-2002, 1986 WL 720792, at *9-10 (S.D. W. Va. Aug. 21, 1986) (rejecting argument that defendants had a duty to warn of adverse reaction rates as compared to competitor products, noting there is "no authority for the proposition that a drug manufacturer has a duty to warn prescribing physicians of the rate of adverse reactions" and "no authority for [the plaintiffs'] argument that a drug manufacturer may be required to represent that other drugs with similar effects are safer," and "[a]s a practical matter, this would extremely difficult, perhaps impossible . ."); Percival v. Am. Cyanamid Co., 689 F. Supp. 1060, 1064 (W.D. Okla. 1987) (finding defendant's warning label on its DTP vaccine adequate as a matter of law and quoting Smith); Pluto v. Searle Lab., 690 N.E.2d 619, 621 (Ill. App. Ct. 1997) (finding a pharmaceutical manufacturer "is under no duty to provide information on other products in the marketplace"); Cowart v. Avondale Indus., Inc., 792 So. 2d 73, 77 (La. Ct. App. 2001), writ denied 805 So. 2d 211 (rejecting plaintiff's argument that defendant manufacturer owed a duty to plaintiff to make him aware of safer alternative products and reversing lower court's denial of summary judgment); Hain v. Johnson & Johnson (N.J. Super. Ct. June 13, 2013) ATL-L-8568-11 MT (granting summary judgment to defendant pharmaceutical manufacturer and rejecting plaintiff's argument that label was inadequate due to its failure to disclose that studies showed higher tendon toxicity in defendant's drug compared to other like drugs); cf. McDowell v. Eli Lilly & Co., 58 F. Supp. 3d 391, 405 (S.D.N.Y. 2014) ("courts have refused to graft onto the adequacy standard a requirement that a package insert must include specific adverse event frequencies"); *Pauley v. Bayer Corp.*, No. 2681 EDA 2005, 2009 WL 1654592, at *3 (Pa. Super. Ct. June 12, 2009) (affirming lower court's ruling that no evidence should be presented to jury based on either AER data or comparative AER data that adverse events occurred more frequently with defendant's drug than with other drugs "because AERs are generally unreliable and not scientifically verified").

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

117th Street NW, Suite 170 Atlanta, GA 30363 (404) 322-6000

18

19

17

2021

22

2324

2627

28

25

appropriate on Plaintiff's failure to warn claim.

B. Plaintiff's Consumer Fraud Claim (Count XIV) Fails Because She Cannot Prove Any of the Required Elements.

In her short form complaint, Plaintiff alleges "Violations of Applicable Georgia Law Prohibiting Consumer Fraud and Unfair and Deceptive Trade Practices." Although Plaintiffs' Master Complaint does not reference the applicable Georgia statute, "[t]o prevail on a private claim under the [Fair Business Practices] Act, a plaintiff must establish three elements: violation of the Act, causation, and injury. But an FBPA plaintiff must also comply with the ante litem requirement of OCGA § 10–1–399(b)." Alvear v. Sandy Springs Toyota, Inc., 332 Ga. App. 798, 803, 775 S.E.2d 172, 177 (2015) (internal quotations omitted). Plaintiff has put forth no evidence of any misrepresentation made to Dr. Avino, any reliance on a misrepresentation by Dr. Avino, or that she has met any of the other requirements, such as ante litem notice, for a FBPA claim. As such, her claim should be dismissed. Brazil v. Janssen Research & Dev. LLC, No. 4:15-CV-0204-HLM, 2016 WL 4844442, at *11 (N.D. Ga. Mar. 24, 2016) ("Once again, Plaintiff's allegations amount merely to restating the elements of the cause of action without any factual support. Plaintiff pleads merely that Defendants violated the consumer protection laws through the use of false and misleading misrepresentations. In doing so, Plaintiff provides no factual support for that legal conclusion.").

C. Plaintiff's Negligence *Per Se* Claim (Count IX) Fails Because Plaintiff Has Failed to Provide Any Evidence that Bard Violated a State Safety Statute and Any Alleged Violation of the FDCA Would Be Preempted By Federal Law.

Under Georgia law, "a defendant is considered negligent per se based upon violation of a statute if there is evidence that the defendant violated the statute, the injured person was in the class the statute was intended to protect, the injured person suffered the type of harm the statute intended to guard against, and the alleged negligence per se proximately caused the injuries." *Leonard v. Medtronic, Inc.*, No. 1:10-CV-03787-JEC, 2011 WL 3652311, at *7 (N.D. Ga. Aug. 19, 2011). However, "a private litigant cannot

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

28

bring a state-law claim against a defendant when the state-law claim is in substance (even if not in form) a claim for violating the FDCA—that is, when the state claim would not exist if the FDCA did not exist." *Id.* (quoting *Riley v. Cordis Corp.*, 625 F. Supp. 2d 769, 777 (D. Minn. 2009)). This is because "no privatswze right of action exists for a violation of the FDCA." Ellis v. C.R. Bard, Inc., 311 F.3d 1272, 1284 n.10 (11th Cir. 2002); Buckman Co. v. Plaintiffs' Legal Comm., 531 U.S. 341, 349 n.4 (2001); 21 U.S.C. § 337(a).

Plaintiff has failed to allege or produce evidence showing that Bard violated any state safety statute. Instead, Plaintiff alleges that Bard violated the FDCA by marketing an adulterated and misbranded device. Plaintiff's "claim of negligence per se would not exist prior to the enactment of the FDCA misbranding and adulteration laws because the claim only alleges violation of that law." Leonard, 2011 WL 3652311, at *8. To the extent that Plaintiff's claim is only founded upon an alleged violation of the FDCA or related FDA regulations, such claim should be impliedly preempted. *Id.* (finding negligence per se claim impliedly preempted by § 337(a) because "Plaintiffs cannot create a private right of action under the guise of a state law claim."). Since Plaintiff has provided no evidence of a violation of a state safety statute, and reliance on any alleged violation of the FDCA would be impliedly preempted by federal law, Bard is entitled to summary judgment.

Plaintiff Has Offered No Evidence Sufficient To Bring a Punitive D. **Damages Claim.**

Plaintiff's punitive damages claim is without merit under Georgia law and must be dismissed. As a preliminary matter, under Georgia law, a plaintiff has no right to punitive damages, which are only assessed in extreme cases. Roberts v. Forte Hotels, Inc., 227 Ga. App. 471, 472, 489 S.E.2d 540, 542 (1997). To authorize punitive damages, Plaintiff must show clear and convincing evidence of "willful misconduct, malice, fraud, wantonness, oppression, or that entire want of care which would raise the presumption of a conscious indifference to the consequences" of the tortious act. O.C.G.A. § 51-12-5.1(b). "Conscious indifference to consequences means an intentional disregard of the rights of

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

another, knowingly or willfully;" indeed, under Georgia law, even clear and convincing evidence of gross negligence will not support an award of punitive damages. COMCAST Corp. v. Warren, 286 Ga. App. 835, 838-39, 650 S.E.2d 307, 311 (2007).

Moreover, a manufacturer's "compliance with county, state, and federal regulations is not the type of behavior which supports an award of punitive damages," and, "as a general rule," punitive damages are "improper where a defendant [in a products liability case] has adhered to . . . safety regulations." Stone Man, Inc. v. Green, 263 Ga. 470, 472, 435 S.E.2d 205, 206 (1993). "This is because 'such compliance does tend to show that there is no clear and convincing evidence of 'willful misconduct, malice, fraud, oppression, or that entire want of care which would raise the presumption of [a] conscious indifference to [the] consequences." Barger v. Garden Way, Inc., 231 Ga. App. 723, 728, 499 S.E.2d 737, 743 (1998). While compliance with safety regulations does not automatically preclude punitive damages if "there is other evidence showing culpable behavior," to survive summary judgment, Plaintiff still "must present some evidence of 'willful misconduct, malice, fraud, wantonness, oppression, or that entire want of care which would raise the presumption of conscious indifference to consequences." Edwards v. Ethicon, Inc., 30 F. Supp. 3d 554, 564 (S.D. W. Va. 2014) (citations omitted) (applying Georgia law and granting summary judgment on punitive damages claim).

Here, punitive damages are not warranted because there is no evidence that Bard acted with the malice, fraud, wantonness, oppression, or entire want of care necessary to sustain an award of punitive damages. O.C.G.A. § 51-12-5.1(b). Instead, Bard complied with applicable FDA regulations in bringing the Filter to market, resulting in the Filter being cleared by the FDA through the 510(k) process outlined in the FDCA for retrievable use on January 14, 2010. (SSOF, ¶ 24); see 21 U.S.C. § 360e(b)(1)(B) (establishing 510(k) clearance); 21 C.F.R. 807.87 (outlining process for 510(k) clearance application); see generally Defendants' Motion for Summary Judgment Regarding Preemption (Doc. 5396). Bard also complied with applicable regulations in the Filter's labeling. Furthermore, there is no evidence in this case that Bard intentionally disregarded

Plaintiff's rights, which is necessary to show a "conscious indifference to consequences,"						
COMCAST, 286 Ga. App. at 839, 650 S.E.2d at 311, or that Bard specifically acted with						
the purpose of causing damage and loss. Because Plaintiff cannot offer evidence that Bard						
acted deliberately and with malice with regard to Plaintiff, or with an entire want of care						
her punitive damages claim must fail.						
VI. Conclusion.						
For these reasons, Bard respectfully requests that this Court grant Bard's Motion						
for Partial Summary Judgment.						

RESPECTFULLY SUBMITTED this 28th day of August, 2017.

s/Richard B. North, Jr. Richard B. North, Jr. Georgia Bar No. 545599 Matthew B. Lerner Georgia Bar No. 446986 NELSON MULLINS RILEY & SCARBOROUGH, LLP **Atlantic Station** 201 17th Street, NW / Suite 1700 Atlanta, GA 30363 PH: (404) 322-6000 FX: (404) 322-6050 richard.north@nelsonmullins.com matthew.lerner@nelsonmullins.com

James R. Condo (#005867) Amanda Sheridan (#027360) SNELL & WILMER L.L.P. One Arizona Center 400 E. Van Buren Phoenix, AZ 85004-2204 PH: (602) 382-6000 jcondo@swlaw.com asheridan@swlaw.com

Attorneys for Defendants C. R. Bard, Inc. and Bard Peripheral Vascular, Inc.

22

23

24

25

26

27

28

1

2

3

4

5

6

7

$Nelson\ Mullins\ \underset{\tiny{LLP.\ Street NW.\ Street NW.\ Suite\ 1700}}{Rilana,\ GA\ 30363} \times \underbrace{Scarborough}_{\tiny{Atlana,\ GA\ 30363}}$

CERTI	FICA	TE	\mathbf{OE}	SER	VT	\mathbf{CE}
			\/		V I	-

I hereby certify that on this 28th day of August 2017, the foregoing was electronically filed with the Clerk of Court using the CM/ECF system which will automatically send email notification of such filing to all attorneys of record.

s/Richard B. North, Jr. Richard B. North, Jr.

REDACTED DOCUMENTS RELATED TO DOCKET 7351

7352 - Defendants' Separate Statement of Facts in Support of Motion for Partial Summary Judgment of Plaintiffs Doris and Alfred Jones's Claims - Filed Redacted

	1 2 3 4	James R. Condo (#005867) Amanda C. Sheridan (#027360) SNELL & WILMER L.L.P. One Arizona Center 400 E. Van Buren, Suite 1900 Phoenix, AZ 85004-2204 Telephone: (602) 382-6000 jcondo@swlaw.com asheridan@swlaw.com	
	5	asneridan@swiaw.com	
	6	Richard B. North, Jr. (admitted <i>pro hac vice</i>) Georgia Bar No. 545599	
	7	Matthew B. Lerner (admitted <i>pro hac vice</i>) Georgia Bar No. 446986	
	8	NELSON MULLINS RILEY & SCARBOROUGH LI Atlantic Station	LP
	9	201 17th Street, NW, Suite 1700	
	10	Atlanta, GA 30363 Telephone: (404) 322-6000	
	11	richard.north@nelsonmullins.com matthew.lerner@nelsonmullins.com	
	12	Attorneys for Defendants C. R. Bard, Inc. and	
	13	Bard Peripheral Vascular, Inc.	
0009-7	14	IN THE UNITED STAT	ES DISTRICT COURT
(404) 322-6000	15	FOR THE DISTRIC	CT OF ARIZONA
•	16	IN RE: Bard IVC Filters Products Liability	No. 2:15-MD-02641-DGC
	17	Litigation,	DEFENDANTS' SEPARATE
	18		STATEMENT OF FACTS IN SUPPORT OF MOTION FOR
	19		SUMMARY JUDGMENT AS TO PLAINTIFFS DORIS AND ALFRED
	20		JONES'S CLAIMS
	21		(Assistant Assistant Assis
	22	DORIS JONES and ALFRED JONES, a married couple,	(Assigned to the Honorable David G. Campbell)
	23	Plaintiffs,	
	24	v.	
	25	C. R. BARD, INC., a New Jersey	
	26	corporation and BARD PERIPHERAL VASCULAR, INC., an Arizona	
	27	corporation,	
	28	Defendants.	
	∠O 1		

1	Pursuant to Fed. R. Civ. P. 56(c), Local Rule 56.1(a), and Case Management Order
2	No. 53 (Doc. 5770), Defendants C. R. Bard, Inc. and Bard Peripheral Vascular, Inc.
3	(collectively "Bard") respectfully submit this Separate Statement of Facts in Support of
4	Motion for Summary Judgment as to Plaintiffs Doris and Alfred Jones's Claims.
5	1. Plaintiff Doris Jones (the "Filter")
6	
7	(Ex. A, Plaintiff Fact Sheet of Plaintiff Doris Jones (hereinafter
8	"PFS"), at §§ II.2(a), II.3; Ex. B, Selected Plaintiff Medical Records, at
9	JONESD_MUMC_MDR01287-88).
10	2. The Filter is not sold directly to patients. (Ex. C, Eclipse Filter Instructions
11	for Use (the "Eclipse IFU") at page 1.)
12	3.
13	
14	. (Ex. B, Selected Plaintiff
15	Medical Records, at JONESD_UFHJ_MDR00266).
16	4.
17	(Id. at JONESD_MUMC_MDR01548-1549).
18	5.
19	
20	(Id. at JONESD_MUMC_MDR00452-456).
21	6.
22	(Id. at JONESD_MUMC_MDR00723).
23	7.
24	
25	However, . (Id. at
26	JONESD_MUMC_MDR01287-88).
27	8.
28	

1	
2	(Ex. D.
3	March 23, 2017, Deposition Transcript of Anthony Avino, M.D. ("Avino Dep. Tr.") at
4	110:22 to 113:25.)
5	9.
6	(Ex. B, Selected Plaintiff Medical Records, at
7	JONESD_MUMC_MDR01287-88).
8	10. Dr. Avino testified that
9	
10	(Ex. D, Avino Dep. Tr. at 54:14 to
11	55:8.)
12	. (Ex. B, Selected Plaintiff Medical
13	Records, at JONESD_MUMC_MDR01287-88).
14	12. Dr. Avino testified that he does not recall ever reading the IFU. (Ex. D,
15	Avino Dep. Tr. at 47:21-23)
16	13. Dr. Avino was "generally familiar with IVC filter IFUs, if they warn of
17	things like fractures, migration, perforation, tilt; complications like that," and began
18	implanting IVC filters during his residency, 20 years before he implanted Ms. Jones'
19	filter. (<i>Id.</i> at 8:16-23; 29:15-25; 48:2-7.)
20	14. The Eclipse IFU applicable in August 2010 (when Plaintiff received her
21	Filter) included the following warnings:
22	Under the bolded heading "Warnings" the Eclipse® IFU reads as
23	follows:
24	• Filter fractures are a known complication of vena cava filters. There
25	have been some reports of serious pulmonary and cardiac complications with vena cava filters requiring the retrieval of the fragment utilizing
26	endovascular and/or surgical techniques.
27	(Ex. C, Eclipse IFU at p. 2.)
28	

26

27

28

15. This warning is repeated under the bolded heading "Potential **Complications**", which also adds that:

* * *

All of the above complications have been associated with serious adverse events such as medical intervention and/or death. There have been reports of complications including death, associated with the use of vena cava filters in morbidly obese patients. The risk/benefit ratio of any of these complications should be weighed against the inherent risk/benefit ration for a patient who is at risk of pulmonary embolism without intervention.

(*Id.* at pp. 2-3.)

1

2

3

4

5

6

7

8

9

- 16. The "Clinical Experience" section notes the number of fracture observed during the clinical study of one hundred patients. (*Id.* at p. 4.)
- 17. (Ex. B, Selected

Plaintiff Medical Records, at JONESD_MUMC_MDR00007-00011.)

18. (Id. at JONESD MUMC MDR00114-115.)

19.

(*Id.*; *Id.* at JONESD MUMC MDR00065.)

20. (Id.at JONESD_MUMC_MDR00004-6).

- 21. Plaintiff's expert, Dr. Muehrcke, acknowledges that all IVC filters are known to have potential complications, including filter fracture, migration, tilt, and perforation. (Ex. E, July 24, 2017 Dr. Derek Muehrcke Deposition Transcript ("Muehrcke Dep. Tr."), at 55-22 to 57:9.)
- 22. The plaintiffs' engineering expert testified that he is not aware of any IVC filter that has been developed that is complication free, (Ex. F, July 19, 2016 Dr. Robert McMeeking Deposition Transcript, at 133:19 to 134:19), nor is he aware of any implantable medical device that is one hundred percent complication free. (Ex. G, April

22, 2014 Dr. Robert McMeeking Deposition Transcript, at 149:9-13).

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

at 102:16 to 103:2).

			•		•	·		
	23.	As the plaintiffs'	expert	s recognize,	"[e]very filt	ter can h	ave a com	plication;
therefo	re, it v	would be "unrealis	stic" fo	r a physiciar	implanting	g a Bard	IVC filter	to expect
that the	e filter	would never mig	rate, ti	lt, perforate,	or fracture	. (Ex. E	, Muehrck	e Dep. Tr

24. The Filter was cleared by the FDA for retrievable use on January 14, 2010, through the 510(k) process outlined in the Food, Drug, and Cosmetic Act. (Ex. H, August 29, 2005 FDA Clearance Letter¹).

RESPECTFULLY SUBMITTED this 28th day of August, 2017.

s/Richard B. North, Jr. Richard B. North, Jr. Georgia Bar No. 545599 Matthew B. Lerner Georgia Bar No. 446986 NELSON MULLINS RILEY & SCARBOROUGH, LLP **Atlantic Station** 201 17th Street, NW / Suite 1700 Atlanta, GA 30363 PH: (404) 322-6000 FX: (404) 322-6050 richard.north@nelsonmullins.com matthew.lerner@nelsonmullins.com

James R. Condo (#005867) Amanda Sheridan (#027360) SNELL & WILMER L.L.P. One Arizona Center 400 E. Van Buren Phoenix, AZ 85004-2204 PH: (602) 382-6000 jcondo@swlaw.com asheridan@swlaw.com

Attorneys for Defendants C. R. Bard, Inc. and Bard Peripheral Vascular, Inc.

- 4 -

27

25

26

28

Available at https://www.accessdata.fda.gov/cdrh_docs/pdf9/K093659.pdf, last accessed August 25, 2017.

REDACTED DOCUMENTS RELATED TO DOCKET 7351

Exhibit A - Filed Redacted

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF ARIZONA

MDL No. 2641 In Re Bard IVC Filter Products Liability Litigation

PLAINTIFF FACT SHEET

Each plaintiff who allegedly suffered injury as a result of a Bard Inferior Vena Cava Filter must complete the following Plaintiff Fact Sheet ("Plaintiff Fact Sheet"). In completing this Fact Sheet, you are <u>under oath and must answer every question</u>. You must provide information that is true and correct to the best of your knowledge. If you cannot recall all of the details as requested, please provide as much information as you can and then state that your answer is incomplete and explain why, as appropriate. If you select an "I Don't Know" answer, please state all that you do know about that subject. If any information you need to complete any part of the Fact Sheet is in the possession of your attorney, please consult with your attorney so that you can fully and accurately respond to the questions set out below. If you are completing the Fact Sheet for someone who cannot complete the Fact Sheet for himself/herself, please answer as completely as you can.

The Fact Sheet shall be completed in accordance with the requirements and guidelines set forth in the applicable Case Management Order. A completed Fact Sheet shall be considered interrogatory answers pursuant to Fed. R. Civ. P. 33 and responses to requests for production pursuant to Fed. R. Civ. P. 34 and will be governed by the standards applicable to written discovery under Fed. R. Civ. P. 26 through 37. Therefore, you must supplement your responses if you learn that they are incomplete or incorrect in any material respect. The questions and requests for production of documents contained in this Fact Sheet are non-objectionable and shall be answered without objection. This Fact Sheet shall not preclude Bard Defendants from seeking additional documents and information on a reasonable, case-by-case basis, pursuant to the Federal Rules of Civil Procedure and as permitted by the applicable Case Management Order.

In filling out this form, "healthcare provider" shall mean any medical provider, doctor, physician, surgeon, pharmacist, hospital, clinic, medical center, physician's office, infirmary, medical/diagnostic laboratory, or any other facility that provides medical care or advice, along with any pharmacy, x-ray department, radiology department, laboratory, physical therapist/physical therapy department, rehabilitation specialist, chiropractor, or other persons or entities involved in your diagnosis, care and/or treatment.

In filling out this form, the terms "You" or "Your" refer to the person who received a Bard Inferior Vena Cava Filter manufactured and/or distributed by C. R. Bard, Inc. or Bard Peripheral Vascular, Inc. ("Bard Defendants") and who is identified in Question 1(a) below.

To the extent that the form does not provide enough space to complete your responses or answers, please attach additional sheets as necessary, Information provided by Plaintiff will only be used for the purposes related to this litigation and may be disclosed only as permitted under the protective order in this litigation.

I. BACKGROUND INFORMATION

1.	Pleas	se state:							
	(a)	Full name of the person who received the Bard inferior vena cava filter, including							
		maiden name: Doris Yvette Singleton-Jones							
	(b)	List all names by which you have ever been known, if different from that listed in							
		1(a): Doris Yvette Singleton							
	(c)	Full name of the person completing this form, if different from the person listed in							
		1(a) above, and the relationship of the person completing this form to the person							
		listed in 1(a) above: Doris Yvette Singleton-Jones and Alfred Jones							
	(d)	The name and address of your primary attorney:							
		Paul L. Stoller Gallagher & Kennedy PA 2575 E. Camelback Road, Phoenix, AZ 85016 paul.stoller@gknet.com / 602-530-8000							
	(e)	When did you first retain an attorney to represent you in your lawsuit against Bard? October 5, 2015							
2.	Your	Social Security Number:							
3.		Date of Birth:							
4.		current residential address:							
5.	If yo	If you have lived at this address for less than 10 years, provide each of your prior							
	resid	ential addresses from 2000 to the present:							
		Prior Residential Address Dates You Lived At This Address							

Do you have children	a? ⊠Yes □ No		
If Yes, please provide	e the following inform	nation with respect to	each child:
Full Name of Child	Date of Birth	Home Address	Whether
			Biological/Ado
		-	
Identify the name and	l age of any person w	ho currently resides w	rith you and their
Identify the name and relationship to you: Identify the name and past ten (10) years:			
relationship to you: Identify the name and			
relationship to you: Identify the name and			
Identify the name and past ten (10) years:	d age of any person w	ho has resided with yo	ou at any point over
Identify the name and past ten (10) years:	d age of any person when the secondary seconda	ho has resided with you	ou at any point over
relationship to you: Identify the name and	d age of any person when the secondary seconda	ho has resided with your schools you attended, of Degree	ou at any point over

	None (withdrew to care for family)	

11. Please provide the following information for your employment history over the past 10 years up until the present:

Employer	Address	Job	Dates of	Salary/Rate of Pay
Name		Title/Description	Employment	
		of Duties		
1	Mall Blvd.,	Cashier, food	March 2007 -	
	Savannah,	preparation	2010	
<u> </u>	GA			
	Chatham	Janitor	Approximately	
	County, GA		2013 - 2015	

If Ye	es, please provide the following information:
(a)	Branch and dates of service, rank upon discharge, and type of discharge receive
(b)	Were you discharged from the military at any time for any reason relating to yo medical, physical, or psychiatric condition? Yes No If Yes, state what that condition was:
	in the last ten years, have you been convicted of, or plead guilty to, a felony and/or e of fraud or dishonesty? Yes No
TC 37	es, please set forth where and when and identify the felony and/or crime:

Befo	ore contacting any attorney regarding this lawsuit or claim, had you ever seen any
	vision or print advertisements regarding possible claims against inferior Vena Cava
Filte	er manufacturers? □Yes ⊠ No
If Y	es, set forth the approximate date and nature of any such advertisement, whether the
adve	ertisement included the name of a law firm, whether the advertisement specifically
men	tioned C. R. Bard, Inc., Bard Peripheral Vascular, Inc., or "Bard", and other details
that	you recall.
	II. CLAIM INFORMATION
Hav	e you ever received a Bard Inferior Vena Cava Filter? ⊠Yes ☐ No
If Y	
If Y	es, please check the box(es) for each type of Bard Inferior Vena Cava Filter you ha
If Y	es, please check the box(es) for each type of Bard Inferior Vena Cava Filter you haived:
If Y	es, please check the box(es) for each type of Bard Inferior Vena Cava Filter you hatived: Recovery®
If Y	es, please check the box(es) for each type of Bard Inferior Vena Cava Filter you have ived: Recovery® G2®
If Y	es, please check the box(es) for each type of Bard Inferior Vena Cava Filter you have ived: Recovery® G2® G2®X
If Y rece	es, please check the box(es) for each type of Bard Inferior Vena Cava Filter you have ived: Recovery® G2® G2®X G2®Express
If Y rece	es, please check the box(es) for each type of Bard Inferior Vena Cava Filter you have ived: Recovery® G2® G2®X G2®Express Eclipse®
If Y rece	es, please check the box(es) for each type of Bard Inferior Vena Cava Filter you have ived: Recovery® G2® G2®X G2®Express Eclipse® Meridian®
If Y rece	es, please check the box(es) for each type of Bard Inferior Vena Cava Filter you have ived: Recovery® G2® G2®X G2®Express Eclipse® Meridian® Denali®
If Y rece	es, please check the box(es) for each type of Bard Inferior Vena Cava Filter you have ived: Recovery® G2® G2®X G2®Express Eclipse® Meridian® Denali® Simon Nitinol Other (please identify):
If Y rece	es, please check the box(es) for each type of Bard Inferior Vena Cava Filter you have ived: Recovery® G2® G2®X G2®Express Eclipse® Meridian® Denali® Simon Nitinol

(b)	The product code and lot number of each Bard Inferior Vena Cava Filter
	implanted in you:
(c)	Current location of the Bard Inferior Vena Cava Filter, including any portion
	thereof, if known:
Descr	ribe your understanding of the medical condition for which you received the Bard
Inferi	or Vena Cava Filter(s):
Give	the name and address of the doctor who implanted the Bard Inferior Vena Cava
Filter	(s):
Give	the name and address of the hospital or other healthcare facility where the Bard
Inferi	or Vena Cava Filter was implanted:
Have	you ever been implanted with any other vena cava filters or related product(s)
besid	es the Bard Inferior Vena Cava Filter(s) for the treatment of the same or similar
condi	tion(s) identified in your response to question 3 above? Yes No
If Ye	s:
(a)	Please identify any such device(s) or product(s).
(b)	When was this device or product implanted in you?
(c)	Did the implantation take place before, at the same time, or after the procedure
	during which you were implanted with a Bard Inferior Vena Cava Filter?
(d)	Who was the physician who implanted this other device or product?
` /	1

(e)	At what hospital or facility was this other device or product implanted in you?
(f)	Why was this other device or product implanted in you?
Othe	r than the Bard Inferior Vena Cava Filter device that is the subject of your lawsuit or
ident	ified in response to question 6 above, are you aware of any other Vena Cava Filter(s)
impla	anted inside your body at any time? Yes No
If yes	s, please provide the following information:
(a)	Product name:
(b)	Date of procedure placing it and name and address of doctor who placed it:
(c)	Condition sought to be treated through placement of the device:
(d)	Any complications you encountered with the medical product or procedure:
(e)	Does that product remain implanted inside of you today? ☐Yes ☐ No
Prior	to implantation with a Bard Inferior Vena Cava Filter, did you receive any written
	or verbal information or instructions regarding the Bard Inferior Vena Cava Filter,
	ding any risks or complications that might be associated with the use of the same?
Ye	
If Ye	
(a)	Provide the date you received the written and/or verbal information or
	instructions:
(b)	Identify by name and address the name on (a) who provided the information and
(b)	Identify by name and address the person(s) who provided the information and actions:

(c)	What	information or instructions did you receive?
(d)	•	have copies of the written information or instructions you received, please a copies to your response.
(e)		you told of any potential complications from the implantation of the Bard or Vena Cava Filter(s)? Yes No Don't Know
(f)	If yes	to (e), by whom?
(g)	If yes	to (e), what potential complications were described to you?
(g)	If yes	to (e), what potential complications were described to you?
Do y	ou belie	ve that the Bard Inferior Vena Cava Filter(s) remains implanted in you? Don't Know
Do ye	ou belie	ve that the Bard Inferior Vena Cava Filter(s) remains implanted in you? Don't Know
Do ye	ou belie	ve that the Bard Inferior Vena Cava Filter(s) remains implanted in you? Don't Know any doctor recommended removal of the Bard Inferior Vena Cava Filter(s)?
Do ye	ou belie es No s: Has a	ve that the Bard Inferior Vena Cava Filter(s) remains implanted in you? Don't Know any doctor recommended removal of the Bard Inferior Vena Cava Filter(s)? No
Do y	ou belie es No s: Has a	ve that the Bard Inferior Vena Cava Filter(s) remains implanted in you? Don't Know any doctor recommended removal of the Bard Inferior Vena Cava Filter(s)? No
Do ye	ou belie es No s: Has a Yea	ve that the Bard Inferior Vena Cava Filter(s) remains implanted in you? Don't Know any doctor recommended removal of the Bard Inferior Vena Cava Filter(s)? No s: Identify by name and address every doctor who recommended removal of

9.

		(iii) For each doctor identified in response to question 8(a)(i) above, state when the doctor recommended removal.
10.	Has the	e Bard Inferior Vena Cava Filter(s) implanted in you been removed, in whole or in
	es es	No Don't Know
	If Yes:	
	(a)	Where, when, and by whom was the Bard Inferior Vena Cava Filter(s), or any portion of it, removed?
	(b)	What portion of the Bard Inferior Vena Cava Filter(s) was removed on the date
		indicated in response to question 9(a) above?
	(c)	Please check <u>all</u> that apply regarding the removal procedure(s):
		Removed percutaneously
		Removed via an open abdominal procedure
		Removed via an open chest procedure
		Other, Describe:
		Unknown
	(d)	Does any portion of the Bard Inferior Vena Cava Filter(s) remain implanted in
		you? Yes No Don't Know
		If Yes, explain what portion of the Bard Inferior Vena Cava Filter(s) you believe
		is still implanted in you:
	(e)	Explain why you consented to have the Bard Inferior Vena Cava Filter(s), or any
	. ,	portion thereof, removed?

(f)	Does any medical provider, physician, entity, or anyone else acting on your behalf have possession of any portion of the Bard Inferior Vena Cava Filter that was previously implanted in you and subsequently removed?
	☐Yes ☐ No Don't Know X
	If Yes, please state the name and address of the person or entity having possession
	of same.
Has a	any doctor or healthcare provider unsuccessfully attempted to remove the Bard
Infer	ior Vena Cava Filter(s) implanted in you?
e	No Don't Know
If Ye	s:
(a)	How many attempts have been made to remove the Bard Inferior Vena Cava
	Filter(s) implanted in you?
(b)	Provide the name and address of the doctor who removed (or attempted to
	remove) the filter strut(s) and the hospital or medical facility at which it was
	removed (or attempted to be removed).
	Filter Removal/Attempted Removal #1
	Doctor:
	Hospital/Medical Facility:
	Date:
	Filter Removal/Attempted Removal #2
	Doctor:
	Hospital/Medical Facility:
	Date:
	Filter Removal/Attempted Removal #3
	Doctor:
	Hospital/Medical Facility:
	Date:
(c)	Please check <u>all</u> that apply regarding attempted removal procedure #1:

		Attempted but unsuccessful percutaneous removal procedure
		Attempted but unsuccessful open abdominal procedure
		Attempted but unsuccessful open chest procedure
		Other, Describe:
		Unknown
(d)	Please	check <u>all</u> that apply regarding attempted removal procedure #2:
		Attempted but unsuccessful percutaneous removal procedure
		Attempted but unsuccessful open abdominal procedure
		Attempted but unsuccessful open chest procedure
		Other, Describe:
		Unknown
(e)	Please	check <u>all</u> that apply regarding attempted removal procedure #3:
		Attempted but unsuccessful percutaneous removal procedure
		Attempted but unsuccessful open abdominal procedure
		Attempted but unsuccessful open abdominal procedure Attempted but unsuccessful open chest procedure
		Attempted but unsuccessful open chest procedure
		Attempted but unsuccessful open chest procedure
	□ □ □ u claim	Attempted but unsuccessful open chest procedure Other, Describe:
Yes	□ □ u claim No	Attempted but unsuccessful open chest procedure Other, Describe: Unknown
	□ □ u claim No	Attempted but unsuccessful open chest procedure Other, Describe: Unknown

12.

	trut.
	Please provide the date or approximate date when you were first in a feach fractured strut.
_ _	Has any health care provider recommended to you that a retained
	trut(s) should be removed?
Ţ	Yes No Yes, provide the name and address of any such healthcare provide
	vell as the approximate date on which the communication occurre
	Has any health care provider recommended to you that a retained trut should <u>not</u> be removed?
	Yes No
I	f Yes, provide the name and address of any such healthcare provide
V	vell as the approximate date on which the communication occurre
F	Have any fractured struts been removed, or attempted to have bee
r	emoved, from your body?
	=
	Yes No

(1)

If any fractured filter strut has been removed (or a doctor has

			attemp	oted to remove any strut), please check all that apply
			regard	ing the removal/attempted removal procedure(s):
				Removed percutaneously
				Removed via an open abdominal procedure
				Removed via an open chest procedure
				Attempted but unsuccessful percutaneous removal
				procedure
				Attempted but unsuccessful open abdominal procedure
				Attempted but unsuccessful open chest procedure
				Other, Describe:
				Unknown
		(2)	Provid	e the name and address of the doctor who removed (or
			attemp	eted to remove) the <u>filter strut(s)</u> and the hospital or medical
			facility	at which it was removed (or attempted to be removed).
			Filter .	Strut Removal/Attempted Removal #1
			Doctor	r:
			Hospit	al/Medical Facility:
			Date:_	
			Filter .	Strut Removal/Attempted Removal #2
			Doctor	r:
			Hospit	al/Medical Facility:
			Date:_	
13.	Do yo	ou claim that you	u suffer	ed bodily injuries as a result of the implantation of the Bard
	Inferio	or Vena Cava F	ilter(s)?	Yes No
	If Yes	3:		_
	(a)	Describe the b	odily i	njuries, including any emotional or psychological injuries
		that you claim	resulte	d from the implantation, attempted removal and/or removal

I	
	When was the first time you experienced symptoms of any of the bodily injuries.
-	you claim in your lawsuit to have resulted from the Bard Inferior Vena Cava
F	Filter(s)?
_	
7	When did you first attribute these bodily injuries to the Bard Inferior Vena (
	Filter(s)?
_	
7	Γo the best of your knowledge and recollection, please state the approximat
V	when you first saw a health care provider for any of the bodily injuries, or
S	symptoms related thereto, you claim to have experienced related to the Baro
Ι	nferior Vena Cava Filter(s)?
_	
_]	Γο the best of your knowledge and recollection, has any health care provide
	old you orally or in writing that any symptoms related to bodily injury are
t	o the Bard Inferior Vena Cava Filter(s)?
	es No
Ι	f Yes, please state the name and address of any such health care provider, a
a	as providing the approximate date the statement was made, and provide the
(of the communication:

If Yes, please describe your symptoms in detail:

Are you currently experiencing symptoms related to your claimed bodily injuries?

(f)

14.

(g) Are you currently seeing, or have you ever seen, a doctor or healthcare provider					
	for any of the bodily injuries or symptoms listed above?				
	es No				
	If Yes, please list all	doctors you have seen for treatme	ent of any of the bodily		
	injuries you have liste	ed above.			
	Provider Name and Address	Condition Treated	Approximate Dates of Treatment		
		Broken IVC			
		Broken IVC			
		Broken IVC			
1)	Yes No	d at any time for the bodily injuri	es you listed above?		
If Yes, please provide the following:					
	Hospital Name and Address	Condition Treated	Approximate Dates of Treatment		

Are you making a claim for lost wages or lost earning capacity?

Cava Filter(s) until the present:	year, beginning five (5) years prior to the implantation of the Bard Inferior Ve Cava Filter(s) until the present: (b) If yes, for what period of time are you claiming lost wages? (c) If you are claiming lost earning capacity, do you claim that you have a claim future lost wages? (d) Yes No If yes, for what period of time do you claim you have lost future wages? Are you making a claim for lost out-of-pocket expenses? Are you making a claim for lost out-of-pocket expenses you have incurred. O Has anyone filed a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	6	No No
Cava Filter(s) until the present: (b) If yes, for what period of time are you claiming lost wages? (c) If you are claiming lost earning capacity, do you claim that you have a claim future lost wages? (d) Yes \(\subseteq \text{No} \) If yes, for what period of time do you claim you have lost future wages? Are you making a claim for lost out-of-pocket expenses? Are you making a claim for lost out-of-pocket expenses? Are you making a claim for lost out-of-pocket expenses you have incurred. O Has anyone filed a loss of consortium claim in connection with your lawsuit regardin the Bard Inferior Vena Cava Filter(s)? Yes \(\subseteq \text{No} \) If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	Cava Filter(s) until the present: (b) If yes, for what period of time are you claiming lost wages? (c) If you are claiming lost earning capacity, do you claim that you have a claim future lost wages? (d) Yes Wo If yes, for what period of time do you claim you have lost future wages? Are you making a claim for lost out-of-pocket expenses? Are you making a claim for lost out-of-pocket expenses? Are you making a claim for lost out-of-pocket expenses you have incurred. O Has anyone filed a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	(a)	If yes, state the annual gross income derived from your employment for each
(c) If you are claiming lost earning capacity, do you claim that you have a claim future lost wages? Yes No If yes, for what period of time do you claim you have lost future wages? Yes No Are you making a claim for lost out-of-pocket expenses? Yes No No If yes, please identify and itemize all out-of-pocket expenses you have incurred. O Has anyone filed a loss of consortium claim in connection with your lawsuit regardin the Bard Inferior Vena Cava Filter(s)? Yes No No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	(c) If you are claiming lost earning capacity, do you claim that you have a claim future lost wages? Yes No If yes, for what period of time do you claim you have lost future wages? Yes No Are you making a claim for lost out-of-pocket expenses? Yes No No If yes, please identify and itemize all out-of-pocket expenses you have incurred. O Has anyone filed a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)? Yes No No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the		year, beginning five (5) years prior to the implantation of the Bard Inferior Ver
(c) If you are claiming lost earning capacity, do you claim that you have a claim of future lost wages? Yes No If yes, for what period of time do you claim you have lost future wages? Are you making a claim for lost out-of-pocket expenses? Yes No If yes, please identify and itemize all out-of-pocket expenses you have incurred. O Has anyone filed a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	(c) If you are claiming lost earning capacity, do you claim that you have a claim is future lost wages? Yes No If yes, for what period of time do you claim you have lost future wages? Are you making a claim for lost out-of-pocket expenses? Yes No If yes, please identify and itemize all out-of-pocket expenses you have incurred. O Has anyone filed a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the		Cava Filter(s) until the present:
(c) If you are claiming lost earning capacity, do you claim that you have a claim of future lost wages? Yes No If yes, for what period of time do you claim you have lost future wages? Are you making a claim for lost out-of-pocket expenses? Yes No If yes, please identify and itemize all out-of-pocket expenses you have incurred. O Has anyone filed a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	(c) If you are claiming lost earning capacity, do you claim that you have a claim is future lost wages? Yes No If yes, for what period of time do you claim you have lost future wages? Are you making a claim for lost out-of-pocket expenses? Yes No If yes, please identify and itemize all out-of-pocket expenses you have incurred. O Has anyone filed a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the		
future lost wages? Yes No If yes, for what period of time do you claim you have lost future wages? Are you making a claim for lost out-of-pocket expenses? Yes No No If yes, please identify and itemize all out-of-pocket expenses you have incurred. O Has anyone filed a loss of consortium claim in connection with your lawsuit regardin the Bard Inferior Vena Cava Filter(s)? Yes No No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	future lost wages? Yes No If yes, for what period of time do you claim you have lost future wages? Are you making a claim for lost out-of-pocket expenses? Yes No No If yes, please identify and itemize all out-of-pocket expenses you have incurred. O Has anyone filed a loss of consortium claim in connection with your lawsuit regardin the Bard Inferior Vena Cava Filter(s)? Yes No No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	(b)	If yes, for what period of time are you claiming lost wages?
future lost wages? Yes No If yes, for what period of time do you claim you have lost future wages? Are you making a claim for lost out-of-pocket expenses? Yes No No If yes, please identify and itemize all out-of-pocket expenses you have incurred. O Has anyone filed a loss of consortium claim in connection with your lawsuit regardin the Bard Inferior Vena Cava Filter(s)? Yes No No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	future lost wages? Yes No If yes, for what period of time do you claim you have lost future wages? Are you making a claim for lost out-of-pocket expenses? Yes No No If yes, please identify and itemize all out-of-pocket expenses you have incurred. O Has anyone filed a loss of consortium claim in connection with your lawsuit regardin the Bard Inferior Vena Cava Filter(s)? Yes No No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the		
☐Yes ☐ No If yes, for what period of time do you claim you have lost future wages? ☐Are you making a claim for lost out-of-pocket expenses? ☐Yes ☐ No If yes, please identify and itemize all out-of-pocket expenses you have incurred. ☐O ☐Has anyone filed a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)? ☐Yes ☐ No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	☐Yes ☐ No If yes, for what period of time do you claim you have lost future wages? ☐Are you making a claim for lost out-of-pocket expenses? ☐Yes ☐ No If yes, please identify and itemize all out-of-pocket expenses you have incurred. ☐O ☐Has anyone filed a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)? ☐Yes ☐ No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	(c)	If you are claiming lost earning capacity, do you claim that you have a claim f
If yes, for what period of time do you claim you have lost future wages? Are you making a claim for lost out-of-pocket expenses? Yes No If yes, please identify and itemize all out-of-pocket expenses you have incurred. O Has anyone filed a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	If yes, for what period of time do you claim you have lost future wages? Are you making a claim for lost out-of-pocket expenses? Yes No If yes, please identify and itemize all out-of-pocket expenses you have incurred. O Has anyone filed a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the		future lost wages?
Are you making a claim for lost out-of-pocket expenses? Yes No If yes, please identify and itemize all out-of-pocket expenses you have incurred. O Has anyone filed a loss of consortium claim in connection with your lawsuit regardin the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	Are you making a claim for lost out-of-pocket expenses? Yes No If yes, please identify and itemize all out-of-pocket expenses you have incurred. O Has anyone filed a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the		□Yes □ No
If yes, please identify and itemize all out-of-pocket expenses you have incurred. O Has anyone filed a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	If yes, please identify and itemize all out-of-pocket expenses you have incurred. Delta a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the		If was for what period of time do you claim you have lost future wages?
If yes, please identify and itemize all out-of-pocket expenses you have incurred. O Has anyone filed a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	If yes, please identify and itemize all out-of-pocket expenses you have incurred. Delta a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the		if yes, for what period of time do you claim you have lost future wages:
If yes, please identify and itemize all out-of-pocket expenses you have incurred. O Has anyone filed a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	If yes, please identify and itemize all out-of-pocket expenses you have incurred. O Has anyone filed a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the		
If yes, please identify and itemize all out-of-pocket expenses you have incurred. O Has anyone filed a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	If yes, please identify and itemize all out-of-pocket expenses you have incurred. Delta a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the		yes, for what period of time do you claim you have lost future wages:
Has anyone filed a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	Has anyone filed a loss of consortium claim in connection with your lawsuit regarding the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the		If yes, for what period of time do you claim you have lost future wages:
the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	Are	
the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the		you making a claim for lost out-of-pocket expenses? Yes No
the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the		you making a claim for lost out-of-pocket expenses? Yes No
the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	the Bard Inferior Vena Cava Filter(s)? Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the		you making a claim for lost out-of-pocket expenses? Yes No
Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	Yes No If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the		you making a claim for lost out-of-pocket expenses? Yes No
If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	If yes, identify by name and address the person who filed the loss of consortium claim ("Consortium Plaintiff") and state the relationship of that person to you and state the	If ye	you making a claim for lost out-of-pocket expenses? Yes No s, please identify and itemize all out-of-pocket expenses you have incurred.
("Consortium Plaintiff") and state the relationship of that person to you and state the	("Consortium Plaintiff") and state the relationship of that person to you and state the	If ye	you making a claim for lost out-of-pocket expenses? Yes No s, please identify and itemize all out-of-pocket expenses you have incurred. o anyone filed a loss of consortium claim in connection with your lawsuit regarding
("Consortium Plaintiff") and state the relationship of that person to you and state the	("Consortium Plaintiff") and state the relationship of that person to you and state the	Has the H	you making a claim for lost out-of-pocket expenses? Yes No s, please identify and itemize all out-of-pocket expenses you have incurred. o anyone filed a loss of consortium claim in connection with your lawsuit regarding and Inferior Vena Cava Filter(s)?
		Has the E	you making a claim for lost out-of-pocket expenses? Yes No s, please identify and itemize all out-of-pocket expenses you have incurred. o anyone filed a loss of consortium claim in connection with your lawsuit regarding and Inferior Vena Cava Filter(s)?
specific flatter of the Consortain Flamen 5 claim. <u>Finited Folics, 51., Flasound.</u>	specific flatter of the Consortain Flament's claim. <u>Faired Johes, 51., Flasound.</u>	Has the E	you making a claim for lost out-of-pocket expenses? Yes No s, please identify and itemize all out-of-pocket expenses you have incurred. One of the pocket expenses you have incurred.
		Has the E	you making a claim for lost out-of-pocket expenses? Yes No s, please identify and itemize all out-of-pocket expenses you have incurred. anyone filed a loss of consortium claim in connection with your lawsuit regarding and Inferior Vena Cava Filter(s)? No s, identify by name and address the person who filed the loss of consortium claim insortium Plaintiff') and state the relationship of that person to you and state the

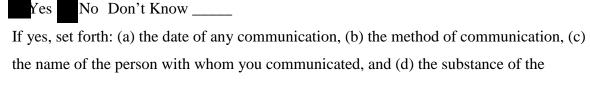
17. Please indicate whether the Consortium Plaintiff alleges any of the damages set forth below:

Claims	Yes/No
Loss of services of spouse	
Impaired sexual relations	
Lost wages/lost earning capacity	
Lost out-of-pocket expenses	
Physical injuries	
Psychological injuries/emotional injuries	-
Other	

18. Please list the name and address of any healthcare providers the Consortium Plaintiff has sought treatment for any physical, emotional, or psychological injuries or symptoms alleged to be related to his/her claim.



19. Have you or anyone acting on your behalf had any communication, oral or written, with any of the Bard Defendants and/or their representatives?



communications._____

III. MEDICAL BACKGROUND

1. Provide your current: Age Height Weight

- 2. Provide your: Age Weight _____ (approximate, if unknown) at the time the Bard Inferior Vena Cava Filter was implanted in you.
- 3. In chronological order, list any and all surgeries, procedures and/or hospitalizations you had in the ten (10) year period BEFORE implantation of the Bard Inferior Vena Cava Filter(s). Identify by name and address the doctor(s), hospital(s) or other healthcare provider(s) involved with each surgery or procedure; and provide the approximate date(s) for each:

Approximate Date	Description of Surgery or Hospitalization	Doctor or Healthcare Provider Involved (including address)

[Attach additional sheets as necessary to provide the same information for any and all surgeries and hospitalizations leading up to the implantation of the Bard Inferior Vena Cava Filter.]

4. In chronological order, list any and all surgeries, procedures and/or hospitalizations you had AFTER implantation of the Bard Inferior Vena Cava Filter(s). Identify by name and address the doctor(s), hospital(s) or other healthcare provider(s) involved with each surgery or procedure; and provide the approximate date(s) for each:

Approximate Date	Description of Surgery or Hospitalization	Doctor or Healthcare Provider Involved (including address)

-	necessary to provide the same is after the implantation of the i	v v
To the extent not already pro-	vided in the charts above, provi	ide the name, address, and
telephone number of every do	octor, hospital or other health c	are provider from which you
have received medical advice	and/or treatment from ten (10)) years before the date the
filter was implanted to the pro-	esent:	
Name and Specialty	Address	Approximate Date/Years of Visits
All care provided by the hospitals listed above.		
nospitais fisted above.		
	I	
•	e Bard Inferior Vena Cava Filto	
	vities that required lifting or str	
	ctivities associated with daily l	iving, physical fitness,
household tasks, and employs	ment-related activities.)	
YesNo		
If yes, please describe each a	ctivity in detail.	

5.

6.

7. *Since the implantation* of the Bard Inferior Vena Cava Filter(s), have you regularly exercised or participated in activities that required lifting or strenuous physical activity?

	s, please describe each activity in detail.
—— Durii	ng the past ten (10) years, what have been your primary hobbies or recreationa
activ	ities?
(a)	Do you claim that you are unable to participate in any of the hobbies or
· /	recreational activities listed in response to question 8 above as a result of you
	having been implanted with a Bard Inferior Vena Cava Filter(s)?
	Yes No
(b)	If yes, what hobbies or recreational activities do you claim that you are unable to
	participate in as a result of having been implanted with a Bard Inferior Vena Cava
	Filter(s)?_
	<u>.</u>
(c)	For what period of time do you claim that you were or have been unable to
	participate in any hobbies or recreational activities as a result of having been
	implanted with a Bard Inferior Vena Cava Filter(s)?
To th	e best of your knowledge, have you ever been told by a doctor or another health care
provi	der that you have suffered, may have suffered, or presently do suffer from any of the
follo	wing:
	Lupus
	Crohn's Disease
	Factor V Leiden
	Protein Deficiency

	Spinal Fusion or Other Back Procedures
	Anti-thrombin Deficiency
	Prothrombin Mutation
	Deep Vein Thrombosis
	Pulmonary Embolism
	Auto Immune Disorder
	Varicose Veins
	Heart Procedures
	Blood Disorder
	Please Describe:
	Bariatric Surgery
	Anticoagulation Medication (e.g., Coumadin, Warfarin, etc.)
	Ulcerative Colitis/Inflammatory Bowel Disease (IBD)
	Cancer
	Please Describe:
	* * * * * * * *
ГНЕ	FOLLOWING QUESTIONS ARE CONFIDENTIAL AND SUBJECT TO THE
PROT	TECTIVE ORDER APPLICABLE TO THIS CASE.
(A)	Have you been diagnosed with and/or treated for any drug, alcohol, chemical
	and/or other addiction or dependency during the five (5) years prior to the filing
	of this lawsuit through the present? Yes No
	If yes, specify type and time period of dependency, type of treatment received,
	name of treatment provider, and current status of condition:

Have you experienced, been diagnosed with or received psychiatric or

psychological treatment of any type, including therapy, for any mental health

conditions including depression, anxiety, or other emotional or psychiatric

(B)

	diso	rders during the fi	ve (5) years prior to	the filing of this lawsu	iit through the
	prese	ent? Yes No	0		
	If ye	s, specify condition	on, date of onset, me	dication/treatment, tre	ating physician
	· ·	current status of co		ŕ	
	ullu				
			* * * * * * * * * *	•	
10.	Do vou now	or have vou ever	smoked tobacco pro	oducts? Yes No	
10.	If yes:	or have you ever	smoked toodeeo pro	res 100	
	•	/1:1	0		
	· ·	ave/did you smoke			
12.	List each pr	escription medicat	tion you have taken	for more than three (3)) months at a time
	during the ti	meframe beginnir	ng five (5) years prio	or to implantation of th	e Bard Inferior
	Vena Cava	Filter and continui	ing to the present, gi	ving the name and add	lress of the
	pharmacy w	here you received	/filled the medication	on, the reason you took	the medication,
	and the appr	oximate dates of t	use.		
Med	lication and	Prescribing	Pharmacy Name	Reason for Taking	Approximate
	Dosage	Physician	and Address	Medication	Date(s) of Use
	-	-			

IV. INSURANCE INFORMATION

1. Provide the following information for any past or present medical insurance coverage from the timeframe beginning five (5) years prior to implantation of the Bard Inferior Vena Cava Filter and continuing to the present:

Insurance Company Name and Address	Policy Number	Name of Policy Holder/Insured (if different than yourself)	Approximate Dates of Coverage

2.	To the best of your knowledge, have you ever been approved to receive or are you
	currently receiving Medicare/Medicaid benefits due to age, disability, condition, or any
	other reason or basis?

es No

If yes, please specify the date on which you first became eligible:_____

[Please note: if you are not currently a Medicare-eligible beneficiary, but become eligible for Medicare during the pendency of this lawsuit, you must supplement your response at that time. This information is necessary for all parties to comply with Medicare regulations. See 42 U.S.C. 1395y(b)(8), also known as Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 and 42 U.S.C. 1395y(b)(2) also known as the Medicare Secondary Payer Act.]

V. PRIOR CLAIM INFORMATION

1.	Have	you filed a lawsuit or made a claim in the last ten (10) years, other than in the	
	prese	nt suit relating to any bodily injury?	
	Ye	s No	
If yes, please specify the following:			
	(a)	Court in which the lawsuit/claim was filed or initiated:	
	(b)	Case/Claim Number:	
	(c)	Nature of Claim/Injury:	

2.	Have	e you ever applied for Workers' Compensation (WC), Social Security disability (SSI
	or SS	SD) benefits, or other State or Federal disability benefits?
	Υe	es No
	If ye	s, please specify the following:
	(a)	Date (or year) of application:
	(b)	Type of benefits sought: _
	(c)	Agency/Insurer from which you sought the benefits:
	(d)	Nature of the claimed injury/disability:
	(e)	Whether the claim was accepted or denied:
		VI. FACT WITNESSES
		VI. INCI WIINEBUED

1. Identify by name, address, and relationship to you, all persons (other than your healthcare providers) who possess information concerning your injuries and/or current medical condition:

Name	Address	Relationship to	Information You
		You	Believe Person
			Possesses

VII. IDENTIFICATION OF DOCUMENTS AND OTHER ELECTRONICALLY STORED INFORMATION

For the period beginning three (3) years prior to the implantation of the Bard Inferior Vena Cava Filter until the present, please identify all research, including on-line research, that you conducted regarding the medical complaints or condition for which you received the Bard Inferior Vena Cava Filter (pulmonary thromboembolism, anticoagulant therapy, etc.) Identify the date, time, and source, including any websites visited. (Research conducted subsequent to and for the purpose of understanding the legal and strategic advice of your counsel is not considered responsive to this request.)

None.

			_
		VIII. DOCUMENT REQUESTS	
		VIII. DOCCIVILIVI REQUESTS	
1.	REL	ASES.	
	NOT	Please sign and attach to this Fact Sheet the authorizations for the	
	relea	e of records appended hereto.	
2.	DOC	MENTS. State whether you have any of the following documents in your	
	posse	sion, custody, and/or control. If you do, please provide a true and correct copy of	•
	any s	ch documents with this completed Fact Sheet. Please ensure that the production of	of
	docu	entation includes specific reference to the questions to which the document is	
	provi	ed in response.	
	(a)	If you were appointed by a Court to represent the plaintiff in this lawsuit, produc	e
		any documents demonstrating such appointment.	
		(i) Not applicable X	
		(ii) The documents are attached [OR] I have no documents	
	(b)	If you represent the Estate of a deceased person in this lawsuit, produce a copy of	f
		the decedent's death certificate and autopsy report (if applicable).	
		(i) Not applicable X	
		(ii) The documents are attached [OR] I have no documents	
	(c)	Produce each and every medical record of each and every medical facility,	
		pharmacy, or practitioner of the healing arts identified by you in response to the	
		questions in Sections II and III above regarding your medical care and history fo	r
		the time period beginning ten (10) years prior to the implantation of the Bard	
		Inferior Vena Cava Filter and continuing to the present.	
		(i) Not applicable	
		(ii) The documents are attached X [OR] I have no documents	
		Plaintiff is producing all such records in her possession and will supplement as	
		additional records become available.	

(d)	Produce any communication (sent or received) in your possession, which shall		
	include materials accessible to you from any computer on which you have sent or		
	received such communications, concerning the Bard Inferior Vena Cava Filter(s)		
	or subject of this litigation, including, but not limited to all letters, emails, blogs,		
	Facebook posts, Tweets, newsletters, etc. sent or received by you. (Research		
	conducted subsequent to and to understand the legal and strategic advice of your		
	counsel is not considered responsive to this request.)		
	(i) Not applicable X		
	(ii) The documents are attached [OR] I have no documents		
(e)	Produce all documents, including journal entries, lists, memoranda, notes, diaries,		
	photographs, video, DVDs or other media, discussing or referencing the Bard		
	Inferior Vena Cava Filter(s), the injuries and/or damages you claim resulted from		
	the Bard Inferior Vena Cava Filter(s), and/or evidencing your physical condition		
	from three (3) years prior to the implantation of the Bard Inferior Vena Cava		
	Filter(s) to present. (Research conducted subsequent to and to understand the legal		
	and strategic advice of your counsel is not considered responsive to this request.)		
	(i) Not applicable		
	(ii) The documents are attached [OR] I have no documents		
(f)	Produce any Bard Inferior Vena Cava Filer product packaging, labeling,		
	advertising, or any other product-related items in your possession, custody or		
	control.		
	(i) Not applicable X		
	(ii) The documents are attached [OR] I have no documents		
(g)	Produce all documents concerning any communication between you, your		
	attorney(s), your agent(s), your expert(s), or your representative(s) and the Food		
	and Drug Administration (FDA), or between you and any employee or agent of		
	the Bard Defendants, regarding Bard Inferior Vena Cava Filters.		
	(i) Not applicable X		
	(ii) The documents are attached [OR] I have no documents		
(h)	Produce all documents that you, your attorney(s), your agent(s), your expert(s), or		
	your representative(s) provided to the Food and Drug Administration (FDA)		

	and/o	r the Department of Health and Human Services regarding Bard Inferior		
	Vena	Cava Filters.		
	(i)	Not applicable X		
	(ii)	The documents are attached [OR] I have no documents		
(i)	Produ	ice all documents concerning any communication between you, your		
	attorn	ney(s), your agent(s), your expert(s), or your representative(s) with anyone at		
	any te	elevision station, radio station, newspaper, periodical, magazine, weblog,		
	intern	et website, or any other media outlet regarding Bard Inferior Vena Cava		
	Filter	s.		
	(i)	Not applicable X		
	(ii)	The documents are attached [OR] I have no documents		
(j)	Produ	ace all documents that you, your attorney(s), your agent(s), your expert(s), or		
	your	representative(s) provided to anyone at any television station, radio station,		
	news	paper, periodical, magazine, weblog, internet website, or any other media		
	outlet	regarding Bard Inferior Vena Cava Filters.		
	(i)	Not applicable X		
	(ii)	The documents are attached [OR] I have no documents		
(k)	Produ	Produce all documents in your possession, custody, or control evidencing or		
	relati	ng to any correspondence or communication between C. R. Bard, Inc. or		
	Bard	Peripheral Vascular, Inc. (or any related companies or divisions) and any of		
	your	doctors, healthcare providers, and/or you relating to Bard Inferior Vena Cava		
	Filter	s, except as to those communications which are protected by the attorney-		
	client	privilege or attorney work product doctrine.		
	(i)	Not applicable		
	(ii)	The documents are attached [OR] I have no documents_X		
(l)		ace all documents in your possession, custody, or control reflecting,		
		ibing, or in any way relating to any instructions or warnings you received		
	prior	to implantation of any Inferior Vena Cava Filter(s) concerning the risks		
	and/o	r benefits associated with Inferior Vena Cava Filter(s), including but not		
	limite	ed to the Bard Inferior Vena Cava Filter implanted in you.		
	(i)	Not applicable		

	(ii)	The documents are attached $\underline{\hspace{1cm}}$ [OR] I have no documents $\underline{\hspace{1cm}}$			
(m)	Produ	ce any and all documents reflecting the model number and lot number of the			
	Bard	Inferior Vena Cava Filter(s) you received.			
	(i)	Not applicable			
	(ii)	The documents are attached X [OR] I have no documents			
(n)	If you	underwent surgery or any other procedure to remove, in whole or in part,			
	the Ba	ard Inferior Vena Cava Filter(s), produce any and all documents, other than			
	docur	nents that may have been generated by expert witnesses retained by your			
	couns	el for litigation purposes, that relate to any evaluation of the Bard Inferior			
	Vena Cava Filter(s) removed from you.				
	(i)	Not applicable			
	(ii)	The documents are attached Will Supplement			
		[OR] I have no documents			
(o)	If you claim lost wages or lost earning capacity, produce copies of your Federal				
	and State tax returns for the five (5) years prior to implantation of the Bard				
	Inferi	or Vena Cava Filter(s) to the present redacting irrelevant information.			
	(i)	Not applicable			
	(ii)	The documents are attached [OR] I have no documents			
(p)	Produ	ce all documents in your possession, custody, or control concerning			
	payment by Medicare on behalf of the injured party and relating to the injuries				
	claimed in this lawsuit. This includes, but is not limited to Interim Conditional				
	Payment summaries and/or estimates prepared by Medicare or its representatives				
	regard	ling payments made on your behalf for medical expenses relating to the			
	subjec	et of this litigation.			
	(i)	Not applicable X			
	(ii)	The documents are attached [OR] I have no documents			
		are not currently a Medicare-eligible beneficiary, but become eligible for			
wa duw	ina tha	nondanay of this lawsuit you must supplement your response at that time			

[Please note: if you are not currently a Medicare-eligible beneficiary, but become eligible for Medicare during the pendency of this lawsuit, you must supplement your response at that time. This information is necessary for all parties to comply with Medicare regulations. See 42 U.S.C. 1395y(b)(8), also known as Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 and 42 U.S.C. 1395y(b)(2) also known as the Medicare Secondary Payer Act.]

(q)	Produ	ice all screenshots of all webpages of each type of social media used by you		
	(inclu	iding, but not limited to, Facebook, Twitter, Instagram, Vine, Snapchat,		
	YouT	Tube, LinkedIn) showing any and all "posts" and/or "messages" from the		
	date	of implantation to the present.		
	(i)	Not applicable X		
	(ii)	The documents are attached [OR] I have no documents		
(r)	Produ	Produce the Bard Inferior Vena Cava Filter(s) or any and all components thereof		
	previ	ously implanted in you.		

VERIFICATION

presence of the below named with	alty of perjury, subject to all applicable laws and in the less, that I have carefully reviewed the final copy of this and verified that all of the information provided is oveledge information and belief
true and correct to the best of my kin	owieuge, information and benef.
Signature of Witness	Signature of Plaintiff
Name of Witness	
Address of Witness	

5549105v1/26997-0000

VERIFICATION

I, declar	e under penalty of perjury, subject to all applica	ble
laws and in the presence of the below na	med witness, that I have carefully reviewed the fi	nal
copy of this Plaintiff Fact Sheet dated	and verified that all of the informat	ion
provided is true and correct to the best of r		
Alful Z. Jos & Signature of Witness		
Signature of Witness	Signature of Plaintiff	
Alfred L. Sones SE.		
Name of Witness		
Same as Planting		

Address of Witness

REDACTED DOCUMENTS RELATED TO DOCKET 7351

Exhibit B - Filed Redacted

REDACTED DOCUMENTS RELATED TO DOCKET 7351

Exhibit D - Filed Redacted

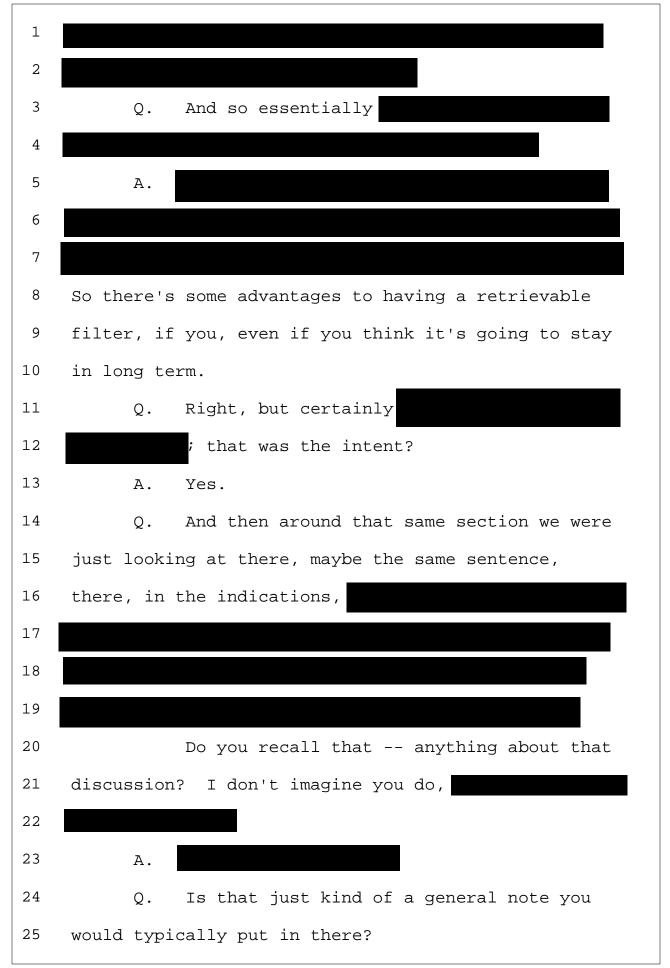
```
1
                 UNITED STATES DISTRICT COURT
                     DISTRICT OF ARIZONA
 2
 4
    IN RE: BARD IVC FILTERS ) Case No.
    PRODUCTS LIABILITY LITIGATION ) MD-15-02641-PHX-DGC
 5
 6
 7
8
                       DO NOT DISCLOSE
9
         SUBJECT TO FURTHER CONFIDENTIALITY REVIEW
10
11
12
     VIDEOTAPED DEPOSITION OF ANTHONY JAMES AVINO, M.D.
13
                        March 23, 2017
14
                      Savannah, Georgia
15
                          4:06 p.m.
16
17
18
19
20
21
22
23
    Reported by: Karen Kidwell, RMR, CRR
24
                  GOLKOW TECHNOLOGIES, INC.
              877.370.3377 ph | 917.591.5672 fax
25
                       deps@golkow.com
```

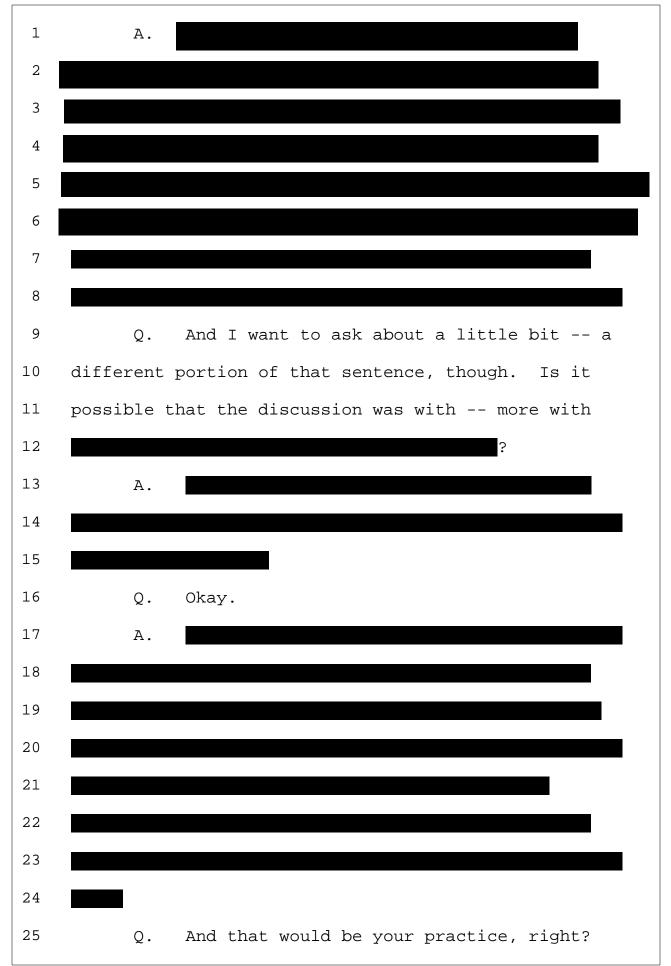
- 1 So why don't we start by introducing
- 2 yourself to the jury.
- 3 A. Okay. Anthony Avino. I'm a
- 4 board-certified vascular surgeon. I've been in
- 5 Savannah since I finished my training in 1999. Born
- 6 in New York, grew up in Florida. Went to Vanderbilt,
- 7 went to University of Florida, and then did my
- 8 vascular at Mayo Clinic and the University of
- 9 Florida, and been in Savannah ever since in practice,
- 10 the full gamut of vascular surgery.
- 11 Married with three kids. And that's my
- 12 whole life.
- 13 O. Good.
- 14 A. In two lines or less.
- 15 O. So let's break that down a little bit.
- 16 Where did you go to undergrad?
- 17 A. Vanderbilt.
- 18 O. And then medical school?
- 19 A. University of Florida.
- Q. What year did you graduate?
- 21 A. From college in '87.
- 22 O. Okay.
- A. And from medical school in '91.
- Q. And then after medical school, you did a
- 25 residency?

- 1 you intended to go, because of confusing anatomy; or
- 2 that the filter migrates from the position you want
- 3 it; or that it tilts at an angle that you don't want
- 4 it so it doesn't completely cover the vein or might
- 5 later be hard to remove; or that either part of the
- 6 filter breaks off and travels somewhere else; or that
- 7 even the whole device can break off and migrate to a
- 8 position that you don't want it to go.
- 9 Or that this filter -- all the filters
- 10 have, by necessity of design, have legs that have
- 11 some force to hold it into position in the wall, and
- 12 sometimes they can work their way all the way through
- 13 the wall of the vein into adjacent structures, like
- 14 the intestine, or even the artery -- adjacent artery.
- 15 Q. When did you -- you talked about that 10,
- 16 15 years ago you were doing IVC filters. Do you
- 17 remember when you started implanting IVC filters?
- 18 You, personally.
- 19 A. Well, from beginning of my residency.
- 20 So -- you know, certainly from day 1, when I arrived
- 21 here. So I've always -- I've always implanted them.
- 22 You know, in training, and then the whole time I've
- 23 been here. So there wasn't any certain time, because
- 24 I've always -- it's something you start doing early
- in your training, and then it just never stops.

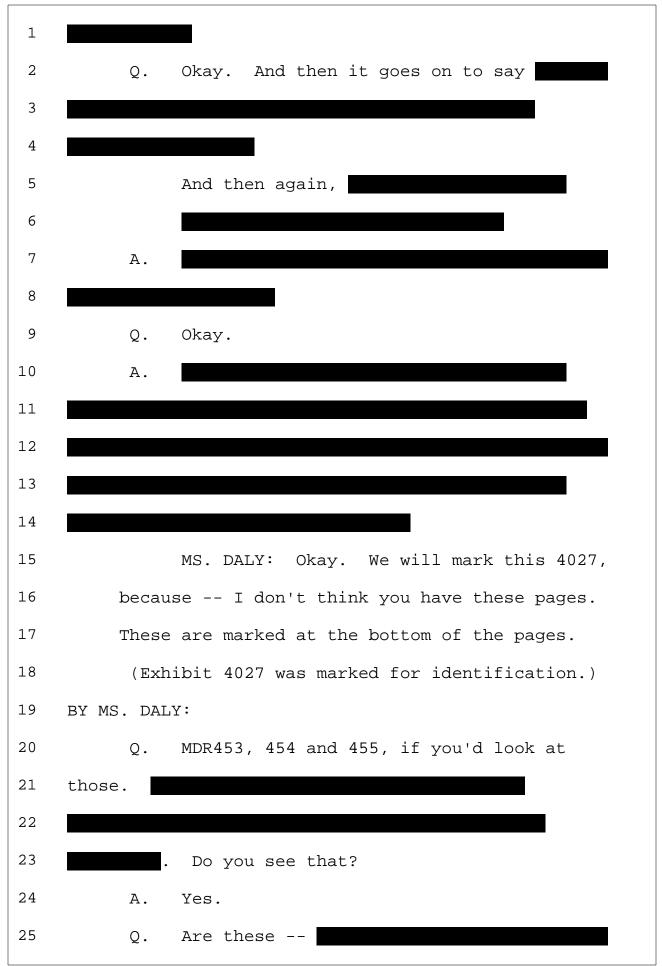
- 1 out of an IFU, cautiously, and just have become
- 2 standard of care.
- There's lots of examples of things we
- 4 still use appropriately that might not be in the IFU.
- 5 But, in general, we certainly consider the IFU, and
- 6 -- because that's what the research was done on for
- 7 certain devices, and that's what the FDA is
- 8 recommending, and that's what the company -- and
- 9 typically, that's very strongly what the company
- 10 recommends.
- 11 Q. And do you read the IFU?
- 12 A. Sometimes. I mean, I have read them. I
- don't -- certainly don't read them on every package,
- 14 because they're the same from the same device, but --
- 15 you know, not -- not all the time, but it does come
- 16 up, for example, at meetings, or you're reading about
- 17 and someone's discussing an issue with an IFU. You
- 18 know, if something is within the IFU or not, to help
- 19 define things that might be outside of the IFU but
- 20 still medically indicated.
- Q. Do you know if you ever read the IFU for
- the Eclipse IVC filter?
- 23 A. Not that I recall.
- Q. Okay. And IFUs have warnings on them of
- 25 side effects, complications, things like that, also?

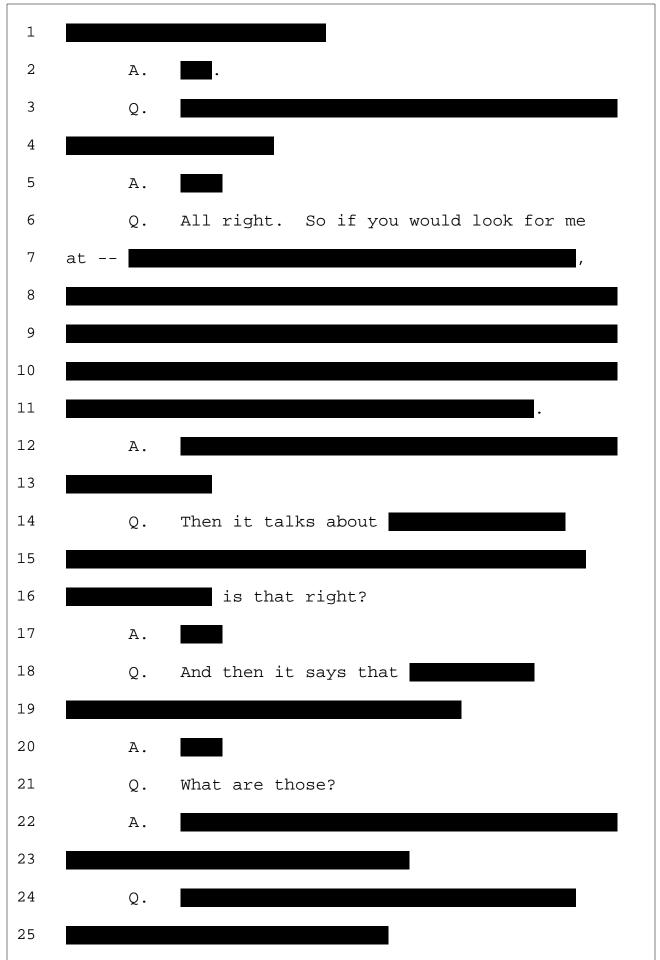
1 Α. Yes. 2. And even if you haven't read the Eclipse Q. IFU, you're probably generally familiar with IVC 3 4 filter IFUs, if they warn of things like fractures, 5 migration, perforation, tilt; complications like that. Right? 6 7 Α. Yes. Yes. 8 Ο. But is it your understanding these complications are rare, for IVC filters? 9 10 Well, depends how you define "rare." I mean, back -- originally, when we were implanting 11 12 filters 15, 20 years ago, everyone thought they were 13 rare. 14 Now people think they're -- reached a 15 peak, and reached a peak in frequency, and then we 16 think that now they're -- they're less frequent than 17 they were before. So it's been a migrating target in 18 terms of what the risks are or what our understanding 19 of the risks are. 20 If you can recall your mindset in Ο. 21 22 what was your understanding of the rarity of 23 complications from IVC filters then? 24 Α. 25

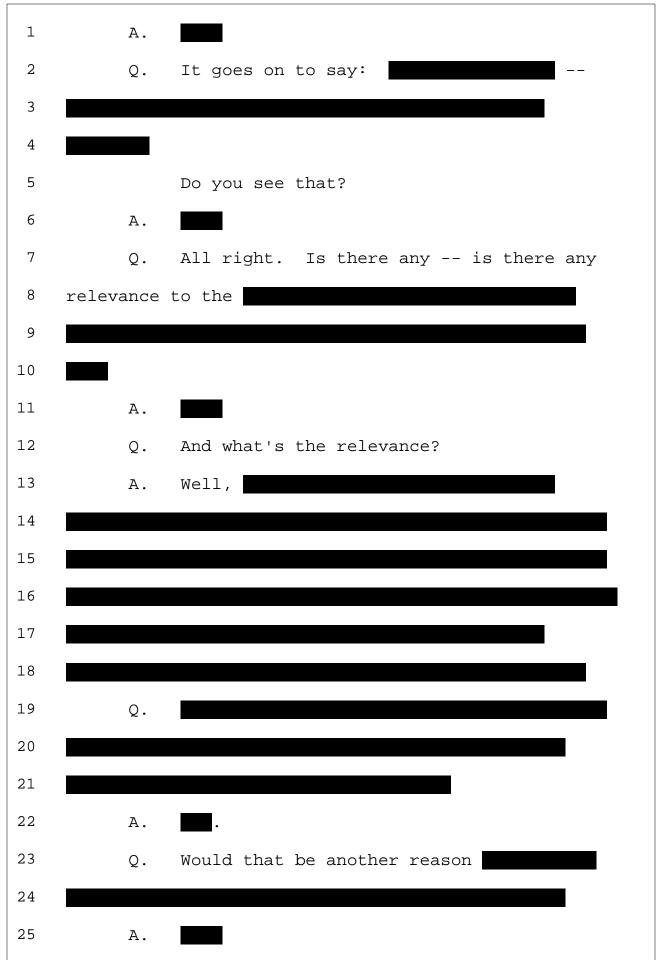




```
1
               MR. COMBS: 1287.
 2.
               THE WITNESS: Oh, okay. Sorry. Not going
 3
         by the exhibit number. Okay.
    BY MS. DALY:
 4
 5
          Q. Yeah. You got 1287?
              I do.
 6
          Α.
 7
               And it's 4017, we've called that exhibit.
8
    Sorry.
9
          A. Yes.
10
          Q. All right. Sorry. So can you describe
    for me what is meant by -- under the indications,
11
12
    where it says.
13
                What does that mean?
14
          Α.
15
16
17
18
               That may have been a transcription issue?
          0.
          A. Yeah, because is not -- that's
19
20
    a general laymen's term I wouldn't have used in
21
    there.
          Q. So we can take that out, and just call it
22
23
24
          Α.
               Yeah,
25
```







REDACTED DOCUMENTS RELATED TO DOCKET 7351

Exhibit E - Filed Redacted

Exhibit E



Deposition of: **Derek Muehrcke**, **M.D.**

July 24, 2017

In the Matter of:

In Re: Bard IVC Filters Products Liability

Veritext Legal Solutions

1075 Peachtree St. NE , Suite 3625 Atlanta, GA, 30309 800.808.4958 | calendar-atl@veritext.com | 770.343.9696

	Page 55		
1	Q What about Janet Hudnall?		
2	A Just that, you know, she felt that a lot was		
3	not known about the BARD filter, the Recovery filter		
4	when it was initiated, and a lot still wasn't known, and		
5	that it was kind of cleared and sold without a lot of		
6	knowledge about it.		
7	Q What about Chris Ganser?		
8	A I can't remember specifics about that.		
9	Q What about Steven Williamson?		
10	A Steven Williamson. Oh, 42. I can't remember		
11	specifics. Nothing specific.		
12	Q Have you ever asked the plaintiffs' attorneys		
13	for the opportunity well, strike that.		
14	Are you aware that more than 3 million pages of		
15	documents have been produced by BARD in this litigation?		
16	A I've heard there's been millions, yeah.		
17	Q And have you ever asked for the opportunity to		
18	review or search those documents?		
19	MR. O'CONNOR: Form.		
20	A I've never asked for the opportunity to search		
21	them, no.		
22	Q Would you agree with me that all IVC filters		
23	have a risk of complications?		
24	MR. O'CONNOR: Object to form.		
25	A All IVC filters have a risk of complications,		

	Page 56			
1	yes.			
2	Q That would include migration?			
3	MR. O'CONNOR: Form.			
4	A Well, I think that there's rates of migration,			
5	but they can they can migrate.			
6	Q All filters can migrate; correct?			
7	MR. O'CONNOR: Form.			
8	A There are all filters can migrate, yes.			
9	Q And all filters have the potential complication			
10	of fracture?			
11	A Yes. That's true.			
12	Q And all filters have the potential complication			
13	of tilt?			
14	MR. O'CONNOR: Okay.			
15	A Correct. Some are much less likely, the			
16	TrapEase, OptEase, but all can tilt.			
17	Q What's the difference, if any, between the			
18	words penetration and perforation with regard to			
19	filters?			
20	A That's a nuance for the radiologist to kind of			
21	get into. I think to a certain extent, to me they're			
22	synonymous, but I think they prefer the word penetration			
23	as opposed to perforation. Perforation, one of the BARD			
24	defense experts felt was a kind of a pejorative term			
25	implying that things were going to leak out all over the			

	Page 57	
1	place. And I think that the radiologists prefer	
2	penetration as opposed to perforation.	
3	I think it's a distinction without a difference	
4	in my mind, but whatever.	
5	Q Would you agree that all filters carry the risk	
6	of penetration	
7	MR. O'CONNOR: Form.	
8	Q or perforation?	
9	A Yes.	
10	Q Looking at the , page 7,	
11	paragraph 2, you said:	
12		
13		
14		
15	Is that correct?	
16	A That's correct.	
17	Q And would you agree that all filters have the	
18	potential to caudally migrate?	
19	A I believe that there was an unacceptable safety	
20	profile for the for the G2 filter.	
21	MR. O'CONNOR: Move to strike as nonresponsive.	
22	Q My question was, do you agree that all filters	
23	have the potential to caudally migrate?	
24	A All filters can migrate caudally.	
25	MR. O'CONNOR: Late objection to the form of	

	Page 102			
1	filter, would expect that it absolutely would never have			
2	one of those complications. But your point, if I			
3	understand it correctly, is not that physicians don't			
4	expect there to be an occasional complication, it's that			
5	they don't expect the complications to occur at the rate			
6	you allege they do?			
7	A It's more than that. Can I expound?			
8	Q Yeah.			
9	A The BARD filter has all these problems. The			
10	other filters have like, the TrapEase and OptEase			
11	have a problem with cable thrombosis. You know, the			
12	the the BARD filter not only has a higher rate of			
13	individual complication, but it has a lot more of			
14	several complications.			
15	MR. NORTH: Move to strike as nonresponsive.			
16	Q Do you believe that a physician implanting a			
17	BARD filter has an expectation that under no			
18	circumstances, in no scenario, no matter what happens,			
19	that filter will not migrate?			
20	A Well, I think that's an unrealistic			
21	expectation.			
22	MR. O'CONNOR: Form.			
23	A I think that the filters can have problems.			
24	Q And the same would be true as to tilt,			
25	perforation, or fracture?			

		Page 103
1		MR. O'CONNOR: Form.
2	А	Every filter can have a complication.
3	Q	Have you had any discussions with Dr. Hurst
4	about	your work in this case?
5	А	No.
6	Q	Have you ever met Dr. Hurst?
7	А	No.
8	Q	With regard to
9		
10		
11	А	Oh, boy. Let me look at my notes here.
12		
13		
14		
15		
16		
17		
18		
19		
20		
21	Q	And did you independently do that when you were
22	assess	ing the films, or did you rely on Dr. Hurst's
23	measur	rements?
24	А	No, I I I did my own measurements.
25	I mean	, I I'm not a radiologist. I would defer to

Veritext Legal Solutions

800.808.4958 770.343.9696